

Case Number:	CM14-0148978		
Date Assigned:	09/18/2014	Date of Injury:	06/19/2012
Decision Date:	10/31/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old right hand dominant male with a date of injury on June 19, 2012. He has a history of (a) neck pain with multilevel degenerative disc disease; (b) possible right-sided cervical radiculopathy with normal electromyogram/ nerve conduction velocity studies; (c) right shoulder impingement and acromioclavicular joint arthritis, partial undersurface rotator cuff tear and degenerative tear of the labrum; (d) bilateral carpal tunnel syndrome; and (e) left shoulder impingement. He is status post right shoulder arthroscopy with debridement of the partial rotator cuff tear, labrum, subacromial decompression, and Mumford on May 23, 2013. He is also status post right carpal tunnel release on May 23, 2013 and status post left carpal tunnel release on April 24, 2014. The records dated August 16, 2012 state that the injured worker had magnetic resonance imaging of the right shoulder without contrast. The results revealed (a) mild tendinosis/tendinopathy of the supraspinatus tendon and (b) mild narrowing of the subacromial space secondary to laterally downsloping acromion and hypertrophic degenerative changes of the acromioclavicular joint. Qualified medical examination records dated July 30, 2014 indicate that the injured worker complained of sharp pains in the back of the neck, which extend to the right shoulder, left shoulder and into the interscapular area. He has had some numbness in the fingers of both hands that usually occurred at night or when doing data entry. He has some dull pain over the right and left wrist area. He also stated that he has this discomfort which would also awaken him from sleep. He also stated that he has some neck stiffness as well as shoulder weakness. The objective cervical spine examination showed that there was some mild right and left paracervical tenderness anteriorly and posteriorly more on the right. There was slight decreased range of motion, due to discomfort. The right shoulder examination noted some tenderness over the right rotator cuff. Range of motion was slightly diminished. Decreased

sensation along the median nerve in the right and left hands were noted. There was positive Tinel's and Phalen's sign in the right and left hands.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the records received, the surgery for the left shoulder where the requested postoperative physical therapy will be used for postoperative rehabilitation has been denied. Since the left shoulder arthroscopy subacromial decompression and debridement has been denied, then the request of the postoperative physical therapy sessions twice a week for four weeks is not medically necessary.