

Case Number:	CM14-0161160		
Date Assigned:	10/02/2014	Date of Injury:	07/15/2009
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 30 year old female with an injury date of 07/15/09. Per the 08/19/14 report by [REDACTED], the patient presents with left shoulder pain rated 5/10 following left shoulder surgery 07/29/14. Examination reveals moderate tenderness to palpation over the sternoclavicular joint, acromioclavicular joint and deltoid. Spasm was present over the deltoid. The operative report shows the following operations: Left shoulder arthroscopy and tenosynovectomy and busectomy Left shoulder acromioplasty and partial coracoacromial ligament release The patient's diagnoses include: Left shoulder impingement syndrome Left shoulder rotator cuff syndrome Lumbar disc syndrome Cervical disc syndrome The utilization review being challenged is dated 09/11/14. Reports were provided from 04/25/14 to 09/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

post-op physical therapy 3xwx8wks, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (post surgical) Page(s): pages 26, 27.

Decision rationale: The patient presents with left shoulder pain rated 5/10 post 07/29/14 shoulder surgery. The treater requests for Post operative physical therapy 3x8 weeks for the left shoulder. MTUS Shoulder (post surgical) pages 26, 27 allow for Rotator cuff syndrome/Impingement syndrome Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. On 08/19/14 the treater states the patient has not yet started physical therapy. The patient is within the post-surgical treatment period. Therapy reports provided show that the patient completed the first visit on 08/27/14 for the left shoulder. Apparently, as of the utilization review date of 09/11/14, she was undergoing her initial course of post operative therapy. The 24 postoperative visits are within what is allowed by MTUS. The request is medically necessary.