MAXIMUS Federal Services

Case Number:	CM14-0162897		
Date Assigned:	10/08/2014	Date of Injury:	07/02/2010
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 64 year old female with a date of injury of 07/02/10. The mechanism of injury was not reported. She was diagnosed with status-post left shoulder arthroscopic surgery, and musculoligamentous strain of the lumbar spine with lumbar radiculopathy. Her past treatments have included 20 physical therapy sessions, surgery, x-rays, a sling, TENS unit, and medication. An MRI study of the lumbar spine revealed a 3-4mm disc bulge at L5/S1, prominent to the left with degenerative changes at the facet joints and an X-ray of the lumbar spine revealed tilting to the left with multi-level degenerative disc disease. On 8/18/2014 the injured worker complained of low back pain that travels to her lower extremities with the left greater than the right. Her physical exam reported left shoulder abduction to 120 degrees, impingement sign was negative, tenderness of the lumbosacral junction and of the sciatic nerves bilaterally to the calves, left greater than the right and paravertebral muscle spasms. Her motor strength was noted to be 4/5+ of the right extensor halluces longus. Her deep tendon reflexes are absent and symmetrical in both knees and ankles, and the measurement at 10cm above the superior pole of the patella with the knee in extension position is 18 " on the right and 19" on the left. Her calf girth measurement is 14 " on the right and 14 " on the left. At her physical therapy re-evaluation on 09/05/14 the injured worker reported that her left shoulder popped and was becoming worse at 7/10, and stiffness is better. The physical therapist noted 20 visits of physical therapy, electrical stimulation and with left shoulder flexion at 160 degrees, abduction 140 degrees, extension 40 degrees, internal rotation 50 degrees, and external rotation 40 degrees. Her motor strength of the left shoulder was noted to be 4/5. Her current medications were not noted. Her treatment plan included aggressive therapy, aggressive home exercise program, and to continue physical therapy due to the injured worker showing steady progress, and to continue her

medications. The request is for 12 physical therapy sessions. The Request for Authorization Form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11.

Decision rationale: The request for 12 Physical therapy sessions is not medically necessary. The documentation states the injured worker had left shoulder arthroscopic surgery on 06/27/14. The injured worker has objective functional deficits and motor strength in the left shoulder. The California MTUS Guidelines recommend up to 24 sessions of physical therapy status post shoulder impingement surgery. Additionally, the guidelines recommend 12 sessions for the initial trial. As the injured worker is status post shoulder surgery, and the physical therapist noted the injured worker had completed 20 sessions of physical therapy, the request for an additional 12 physical therapy sessions would exceed the guideline recommendations for the duration of care. Consequently, the request is not medically necessary.