

Case Number:	CM14-0173234		
Date Assigned:	10/24/2014	Date of Injury:	08/12/2011
Decision Date:	12/16/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in Ohio. 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 53 year old female with cumulative dates of injury between 8-12-2011 and 8-25-2012. She has had right shoulder, elbow, and hand pain with numbness of the 3rd -5th fingers on the right side. A nerve conduction study evidently revealed evidence of bilateral ulnar nerve neuropathy and right-sided carpal tunnel syndrome. An MRI scan of the right shoulder revealed a complete tear of the supraspinatus tendon and marked intrasubstance tendinosis of the subscapularis tendon. The physical exam revealed tenderness of the right cervical spine, right trapezius, and supraclavicular space. There was atrophy of the right trapezius. There was diminished right shoulder range of motion, tenderness over the medial right elbow, and diminished grip strength on the right. The diagnoses were bilateral cubital tunnel syndrome, right rotator cuff syndrome, tenosynovitis of the wrist/hand, right carpal tunnel syndrome, and right medial epicondylitis. On 5-2-2014 she underwent a right shoulder arthroscopy with subacromial decompression, repair of the rotator cuff, bursectomy, acromioplasty, and coracoacromial ligament release. No post-operative progress notes or physical therapy notes were included for review. A request for 12 sessions of physical therapy appears on 9-17-2014. According to the utilization review note, the injured worker has received 36 sessions of physical therapy with no dates or outcomes provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/27/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for 24 physical therapy visits over 14 weeks after arthroscopic repair of a rotator cuff. In this instance, it is hard to conceive that the injured worker has not yet had any post operative physical therapy given the 4 month time span between surgery and request for this round of physical therapy. As it is not possible to ascertain how many physical therapy sessions the injured worker has had postoperatively because no clinical documentation appears after her surgery, the medical necessity for 12 additional physical therapy sessions for the right shoulder cannot be established and therefore must be said to be not medically necessary.