

Case Number:	CM14-0081247		
Date Assigned:	07/18/2014	Date of Injury:	06/20/2011
Decision Date:	10/14/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 52-year-old female who was injured on June 20, 2011. The patient continued to experience pain in her left arm and left shoulder. The patient underwent arthroscopic surgery of the left shoulder on January 21, 2014. Physical examination was notable for large contusion to the ventral surface of the entire left forearm, pain on palpation to the entire left arm, decreased motor strength of the left arm, and tenderness to the left acromioclavicular joint and left trapezius. Diagnoses included rotator cuff tear, bicipital tenosynovitis, joint stiffness, and villonodular synovitis shoulder. Treatment included surgery, physical therapy, home exercises, and medications. Requests for authorization for physical therapy 12 sessions and review and supplemental report of AME dated 2/26/14 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Shoulder times 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient had arthroscopic surgery to the left shoulder on January 21, 2014 for rotator cuff syndrome. The postsurgical physical therapy treatment is 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. The request is for an additional 12 physical therapy visits. There is no documentation of the number of visits already obtained since surgery and there is no documentation of functional gain. Medical necessity cannot be determined due to lack of documentation. Therefore the request is not medically necessary.

Review and Supplemental Report of AME Dated 02/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Code of Regulations, Title 8, Section 9793

Decision rationale: Per California Code of Regulations, Title 8, Section 9793 "Supplemental medical-legal evaluation means an evaluation which (A) does not involve an examination of the patient, (B) is based on the physician's review of records, test results or other medically relevant information which was not available to the physician at the time of the initial examination, or a request for factual correction pursuant to Labor Code section 4061(d), (C) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 and (D) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician following the evaluator's completion of a comprehensive medical-legal evaluation." In this case there is no documentation that new medically relevant information has become available since the patient underwent agreed medical evaluation on February 26, 2014. Medical necessity has not been established. Therefore the request is not medically necessary.