

Case Number:	CM14-0172932		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2013
Decision Date:	06/29/2015	UR Denial Date:	10/03/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This 43 year old man sustained an industrial injury on 9/26/2013. The mechanism of injury is not detailed. Diagnoses include right shoulder impingement syndrome, right carpal tunnel syndrome, and right cubital tunnel syndrome. Treatment has included oral medications, physical therapy, and surgical intervention consisting of right shoulder arthroscopic repair, ulnar and carpal tunnel release on 2/7/14. Physician notes dated 7/10/2014 show complaints of increased right shoulder and arm symptoms. Records demonstrate the claimant has completed 24 visits of therapy. Recommendations include physical therapy, Ibuprofen, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks for The Bilateral Shoulders, Right Wrist and Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are:-Sprained shoulder; rotator cuff (ICD9 840; 840.4):-Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks-Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits based on the exam note of 7/10/14. Therefore, the request is not medically necessary and the determination is for non- certification.