

Case Number:	CM14-0217516		
Date Assigned:	01/07/2015	Date of Injury:	12/19/2012
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The patient is a 50 year old female who sustained a work related injury while employed as a MRI/CT technician on December 19, 2012. There was no mechanism of injury documented. The injured worker underwent left shoulder arthroscopy for rotator cuff repair, superior labrum anterior and posterior repair, subacromial decompression and biceps tenodesis on August 28, 2014. Prior to the date of this work related injury the patient had a C6-7 discectomy and fusion in April 2012. According to the primary treating physician's progress report on November 6, 2014 the patient has increasing neck and left arm pain 10 weeks post-operative shoulder surgery with difficulty sleeping although mobility of the shoulder has improved. She experiences severe aching pain in the occipital cervical region, left neck, left interscapular and shoulder region radiating down the left arm to the 2nd and 3rd fingers. Examination demonstrates limited neck range of motion with tenderness in the occipital cervical paraspinals and upper trapezius. It is noted the patient has a combination of cervical facetogenic and discogenic pain with C6 radiculitis. The injured worker had a cervical interlaminar epidural steroid injection (ESI) on August 19, 2014 for chronic neck pain and cervical degenerative disc disease. There was no documentation of the patient's response and outcome from the epidural steroid injection (ESI). Current treatment modalities consist of H-wave daily, ice/heat and physical therapy. Current medications are Norco, Ambien, Robaxin, Topamax, Wellbutrin, Lidoderm and Methocarbamol. The injured worker is on temporary total disability (TTD) and not working. The physician requested authorization for additional post-operative physical therapy left shoulder twice a week for 6 weeks. On December 17, 2014 the Utilization Review modified the request for post-

operative physical therapy left shoulder twice a week for 6 weeks to post-operative physical therapy left shoulder twice a week for 3 weeks. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Treatment Guidelines, Physical Therapy Recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy left shoulder 2x6: Upheld

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

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: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 weeks *Postsurgical physical medicine treatment period: 6 months. 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. In this case there is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits based upon the exam note of 11/6/14. It is also unclear how many visits have been performed following surgery on 8/28/14. Therefore the determination is for non-certification.