

Case Number:	CM14-0219183		
Date Assigned:	01/09/2015	Date of Injury:	01/06/2013
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 38 year old female, who sustained an industrial injury on January 6, 2013. She has reported left shoulder pain. The diagnoses have included persistent symptomatic left shoulder impingement syndrome and distal clavicle arthrosis and chronic pain syndrome. Treatment to date has included physical therapy and oral medication. Currently, the IW complains of shoulder pain. Utilization review provides the injured worker underwent left shoulder acromioplasty and distal clavicle resection on October 28, 2014. The medical record provides the injured worker had pre-operative persistent left shoulder pain. The record did not provide post-operative assessment. On December 1, 2014 Utilization Review non-certified a request dated November 17, 2014 for physical therapy 3X week X4 weeks left shoulder, noting the request would exceed physical therapy guidelines. The Medical Treatment Utilization Schedule (MTUS) post-surgical guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 3 x 4 to left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Post surgical treatment guidelines state; (for) Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months. Per the provided records, many of which pertained to this IW's prior knee surgery and rehabilitation I was able to find documentation for only 12 physical therapy visits directly related to the shoulder surgery done OCT 2014. This IW, at the time of this request was within the 6 month physical medicine treatment period (post surgical) and had not exhausted her maximum number of visits for shoulder PT. As such I am reversing the prior decision and find shoulder physical therapy 3x4 weeks to be medically necessary.