

Case Number:	CM15-0114076		
Date Assigned:	06/22/2015	Date of Injury:	10/18/2013
Decision Date:	08/11/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, Oregon
 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 40 year old woman sustained an industrial injury on 10/18/2013. The mechanism of injury is not detailed. Evaluations include right elbow MRI dated 4/30/2014 and shoulder MRI dated 4/30/2014. Diagnoses include chronic pain syndrome of the upper extremity, right carpal tunnel syndrome, right medial and lateral epicondylitis, right shoulder tendinitis, right acromio-clavicular joint arthritis, and complaints of numbness of the left hand. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 3/27/2015 show complaints of shoulder pain and difficulty sleeping. Recommendations include physical therapy, Ambien, Diclofenac, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 sessions of post op physical therapy: 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. 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 post-surgical physical medicine treatment recommendations set forth in the guidelines. In this case, the request exceeds the initial recommended number of visits and is therefore not medically necessary.