

Case Number:	CM15-0127770		
Date Assigned:	07/14/2015	Date of Injury:	04/23/2013
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial /work injury on 4/23/13. She reported an initial complaint of constant neck, shoulder, wrist, elbow, and low back pain. The injured worker was diagnosed as having chronic cervical sprain, lumbar sprain with degenerative spondylolisthesis at L4-5, failed left shoulder arthroscopy, failed bilateral carpal tunnel release. Treatment to date includes medication, diagnostics, surgery acromioplasty and repair of the left shoulder and carpal tunnel release of the left hand on 12/20/13 and arthroscopy and debridement in 12/10/14), and physical therapy. MRI results were reported on 7/20/14. Currently, the injured worker complained of intermittent severe neck and trapezius pain aggravated by turning her head, constant moderate to severe left shoulder pain which radiates down the arm, constant moderate bilateral wrist pain and numbness in both hands, (R>L), and intermittent severe low back aching pain which radiates into the hips. Per the medical evaluation report on 5/21/15, exam noted slight tenderness with palpation on the left paracervical area, normal deep tendon reflexes, motor strength, positive right Phalen's test and right Tinel's test. There was slight tenderness in the lumbar area with normal sensation and motor strength. The bilateral elbows had marked tenderness over the medial epicondyle. The requested treatments include additional post-operative physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative physical therapy to the left shoulder, QTY: 12: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, trapezius, left shoulder with radiation down the arm, bilateral wrist pain, and low back with radiation to the bilateral hips. The current request is for Additional Post-operative physical therapy to the left shoulder, QTY:12. The treating physician report dated 4/21/15 (110B) states, "She has been receiving physical therapy. For the past two months, she has gained 15 degrees from 145 degrees to 160 degrees of forward flexion." The MTUS Post-Surgical Treatment guidelines support 24 visits of physical therapy for arthritis of the shoulder. The medical records provided, show the patient is status post arthroscopy and debridement of the left shoulder (12/10/14). In this case, the patient has received 15 sessions of physical therapy to date and the current request of an additional 12 sessions exceeds the 24 sessions supported by the MTUS post-surgical guidelines. The current request is not medically necessary.