

Case Number:	CM13-0037640		
Date Assigned:	03/19/2014	Date of Injury:	04/15/2011
Decision Date:	04/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported an injury on 09/15/2011 after using a tile bar to remove tile. The patient reportedly sustained an injury to his left shoulder. The patient underwent left shoulder arthroscopy in 05/2013, followed by postoperative physical therapy. The patient was evaluated on 12/06/2013. It was documented that the patient continued to make very slow progress in postoperative physical therapy. Physical findings included a left shoulder well-healed arthroscopic portal with range of motion described as 165 degrees in abduction; tenderness to palpation over the acromioclavicular joint and a positive cross-arm test. It was also noted that the patient had a mass in the mid-biceps region. Additional postoperative physical therapy was requested. An MRI was also requested to rule out a lipoma versus a muscle knot.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The requested physiotherapy 2 times per week for 6 weeks to the left shoulder is not medically necessary or appropriate. Clinical documentation submitted for review indicates that the patient underwent surgical intervention in 05/2013. California Medical Treatment Utilization Schedule recommends up to 24 physical therapy visits in the postoperative management of rotator cuff syndrome. The clinical documentation submitted for review does not clearly identify how many physical therapy visits the patient has already participated in. Additionally, there is no documentation of a significant functional benefit as a result of the prior therapy. Therefore, the appropriateness of an additional 12 visits cannot be determined. As such, the requested physiotherapy 2 times per week for 6 weeks to the left shoulder is not medically necessary or appropriate.

MAGNETIC RESONANCE IMAGING (MRI) OF LEFT UPPER ARM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-209.

Decision rationale: The requested magnetic resonance imaging of the left upper arm is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has a mass on the left arm that has been considered persistent. However, the American College of Occupational and Environmental Medicine only recommends magnetic resonance imaging when there are red flag conditions or in preparation for surgical intervention. The clinical documentation indicates that the treating physician suspects that the mass is a muscle knot. However, he would like to rule out a lipoma. However, there is no documentation that the mass has grown or caused significant pain or interfered with the patient's functional capabilities. As a lipoma is not a precancerous condition and is generally considered benign, the need for an MRI is not clearly established. As such, the requested magnetic resonance imaging of the left upper arm is not medically necessary or appropriate.