

Case Number:	CM13-0043299		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2009
Decision Date:	05/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine, and is licensed to practice in California. 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 an employee of [REDACTED] and has submitted a claim for myoligamentous cervical sprain / strain, and bilateral rotator cuff tear status post repair associated with an industrial injury date of 09/22/2009. Treatment to date has included left shoulder arthroscopy in 05/09/2013, right shoulder arthroscopy with rotator cuff repair in 12/08/2011, right shoulder arthroscopy in August 2010, Final Determination Letter for IMR Case Number CM13-0043299 3 physical therapy, steroid injections, and medications including Tylenol with codeine, and OxyIR. Utilization review from 09/25/2013 denied the request for additional post-operative physical therapy 2xwk x 4Wks left shoulder because the patient already received authorization for 24 postoperative physical therapy sessions previously and there was no medical necessity for additional treatment visits. Medical records from 2012 to 2013 were reviewed showing that patient complained of persistent pain at bilateral shoulders graded 4-6/10. She had difficulty dressing, showering, cooking, and cleaning. Range of motion of right shoulder was limited to 150 degrees of forward flexion and 100 degrees towards abduction. Range of motion of left shoulder was limited to 140 degrees towards forward flexion, 130 degrees towards abduction, and 60 degrees towards internal and external rotation. There was weakness of right supraspinatus. MRI of the left shoulder, dated 07/11/2012, revealed full-thickness tear of the supraspinatus. MRI of the cervical spine, dated 07/11/2012, documented C4-5 minimal central disc annular bulging with minimal thecal sac effacement; and C5-6 disc osteophyte complex with mild to moderate thecal sac effacement; no neural compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT SHOULDER (8 SESSIONS): 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: As stated on page 27 of Post-Surgical Treatment Guidelines, physical therapy for 24 visits over 14 weeks is recommended for arthroscopic repair of rotator cuff / impingement syndrome. In this case, the patient underwent left shoulder arthroscopy in 05/09/2013. Patient was authorized with 24 post-operative physical treatment sessions as stated in a case summary cited in utilization review dated 09/25/2013. The rationale for the present request is to address the remaining impairments and to return patient to prior level of function and work. However, medical records submitted and reviewed do not indicate if the patient already completed the authorized 24 treatment visits. There is likewise no documented comprehensive physical examination and impairments in activities of daily living that will support the necessity for additional therapy sessions. Therefore, the request for additional postoperative physical therapy for the left shoulder (8 sessions) is not medically necessary.