

Case Number:	CM13-0055034		
Date Assigned:	07/02/2014	Date of Injury:	07/13/2012
Decision Date:	08/08/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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 claimant is a 46 year old female who sustained a vocational injury on 07/13/12 while reaching to catch a piece of plywood that was falling and injured multiple body parts. The medical records provided for review document a current diagnosis of neck pain, major right periscapular pain, right upper extremity radiating pain, C5-6 disc protrusion, C5-6 mild foraminal narrowing, C6-7 broad based disc extrusion, C6-7 mild to moderate bilateral foraminal stenosis, C6-7 slight decreased disc height/degenerative disc disease, C3-4 approximately 1 millimeter anterolisthesis with neck flexion, C4-5 small posterior disc bulge resulting in very mild to moderate central canal stenosis, C4-5 mild facet arthropathy, right shoulder pain, right shoulder focal moderately severe supraspinatus tenderness and findings likely related to granulation partial tear, right shoulder mild bursitis and right shoulder Type II acromion with a thickened coracoacromial ligament and small enthesophyte. The report of the office visit dated 03/19/14 noted complaints of neck pain, constant right periscapular pain, right shoulder pain and pain involving her right arm, right elbow and right hand/fingers. Physical examination of the right shoulder showed weakness and decreased right shoulder range of motion. The right upper extremity sensation to light touch was partially decreased. The report of the MRI of the right shoulder on 08/29/12 showed down-sloping of the acromion with a moderate reduction of the subacromial space, bursitis and a small intra supraspinatus tear at the supraspinatus attachment. The report of a repeat MRI of the right shoulder dated 07/20/13 showed focal, mildly severe supraspinatus tendinosis findings, likely representing granulation filled interstitial partial tear. There was no fluid filled or communicating defect identified with no retraction. Mild bursitis was noted. There was a Type II acromion with thickened coracoacromial ligament and small enthesophyte. Diagnosis was impingement and adhesive capsulitis and surgery was recommended. The medical records also document that the claimant attended three sessions of

physical therapy which provided a little relief and then in August of 2012 she sought a second opinion and treatment and attended physical therapy two to three times a week for approximately four weeks, noting temporary relief. The current request is for post operative physical therapy three times a week for six weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California ACOEM Guidelines do not recommend the request for post operative physical therapy three times a week for six weeks for the right shoulder. The medical records provided for review document that the proposed shoulder surgery has not been recommended as medically necessary. Therefore, due to a lack of specific information that the surgery has been certified, the request for the quantity of physical therapy cannot be supported and is therefore not medically necessary.