

Case Number:	CM13-0062194		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2011
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 35-year-old male who reported injury on 09/20/2011. The mechanism of injury was noted to be the patient was stacking a 50-pound box of russet potatoes when he felt pain in his low back and right shoulder. The patient had an MRI on 01/22/2013 which revealed postoperative changes of the labral debridement and possible subacromial decompression, no findings to suggest acute or re-tear of the labrum, similar appearance of the tendinosis and bursal surface fraying of the supraspinatus tendon, subacromial and submit-deltoid bursitis, and mild glenohumeral joint effusion with synovitis. Additionally, it was indicated that capsular edema may reflect an early adhesive capsulitis. The patient was noted to undergo a right shoulder surgery including a capsulolabral reconstruction, synovectomy, bursectomy, and subacromial decompression on 10/25/2012. The patient had complaints of pain in the right shoulder which troubled him daily and was made worse with overhead reaching. It awakened the patient at night. The patient indicated that dawning and doffing his jacket was problematic for him. The patient complained of neck pain as well. Physical examination showed the patient could forward flex the right shoulder to 150 degrees with a painful arch of motion. The patient could abduct his shoulder to 130 degrees with painful arch. With time the patient could abduct it to 170 degrees. The patient could externally rotate his shoulder to 80 degrees and internally rotate it to 30 degrees. The impingement sign was positive. The adduction sign was positive. The drop-arm sign was negative. There was tenderness to palpation over the anterior aspect of the right shoulder. The assessment was noted to include right rotator cuff injury status post shoulder arthroscopy and probable repair of labrum, recurrent right shoulder injury, possible right biceps tendonitis, right shoulder impingement syndrome, probably persistent SLAP lesion right shoulder, and cervical brachial syndrome with cervical disc disease. The request was made for a right shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible

SLAP repair, possible open biceps tenodesis, and excision of the distal clavicle, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for postoperative physical therapy 2 x week x 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27,10.

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate that treatment for rotator cuff syndrome, impingement syndrome is 24 visits over 14 weeks. The initial therapy is half the number of recommended visits, which would be 12. The request would be supported if the surgery was approved. Clinical documentation submitted for review failed to indicate the patient had been approved for the surgery. Given the above, the request for postoperative physical therapy 2 times a week times 6 weeks for the right shoulder was not medically necessary.