

Case Number:	CM13-0068189		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2013
Decision Date:	11/26/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 47 year old female with date of injury 7/15/13 that occurred with a twisting motion of her right arm while pushing a rack that got stuck. The treating physician report dated 8/1/14 indicates that the patient presents with chronic pain affecting the right shoulder that radiates into the neck. The physical examination findings state, "Continues with pain and unable to elevate arm." MR fluoroscopic arthrogram right shoulder revealed full thickness tear of the distal supraspinatus tendon without retraction. The current diagnoses are: 1.Sprain/strain elbow2.Wrist sprain right3.Sprain/strain shoulderThe utilization review report dated 12/5/13 denied the request for post op physical therapy for right shoulder based on the rationale that the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26-27.

Decision rationale: The patient presents with chronic right shoulder pain with full thickness tear of the distal supraspinatus tendon. The current request is for post op physical therapy for right shoulder. In reviewing the monthly reports from the treating physician from 7/15/13 through 12/31/13 there is no documentation that surgery was performed. The 12/31/13 report states, "She would like to undergo right shoulder arthroscopy for anticipated rotator cuff repair vs. debridement. This was denied, but the patient would like to have this reconsidered." In reviewing the Application for Independent Medical Review dated 12/13/13 it states, "Status post right shoulder arthroscopy, RCI, SAD, Mumford physical therapy right shoulder." The MTUS post-surgical treatment guidelines do recommend up to 24 physical therapy visits following rotator cuff repair. In this case there is no operative report submitted, the treating physician report dated 12/31/13 indicates that the surgery was denied and the utilization review report dated 12/5/13 states that surgery and physical therapy is denied. Post-operative physical therapy is not supported if the surgery has not been completed. Therefore, the post-op physical therapy for right shoulder is not medically necessary and appropriate.