

Case Number:	CM14-0000419		
Date Assigned:	01/29/2014	Date of Injury:	02/15/2013
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, Pain 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 injured worker is a 48 year-old male who sustained an injury to his right shoulder in the 1990's. He subsequently underwent a right arthroscopic rotator cuff repair and the symptoms resolved. In January of 2013, the injured worker began to experience "a lot of pain" again in the right shoulder. He could not recall any specific incident in which he would have sustained an exacerbation. MRI reportedly revealed a partial supraspinatus tear. An operative report dated 04/25/13 reported that the injured worker underwent right shoulder diagnostic arthroscopy with synovectomy and debridement of the glenohumeral joint, biceps, subscapularis, labrum and cuff, repair of superior labral anterior/posterior type II tear, subacromial decompression and mini open rotator cuff repair. The request is for six physical therapy visits to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff Syndrome/Impingement Syndrome, Page(s): 27.

Decision rationale: The request for six physical therapy visits to the right shoulder is not medically necessary. The injured worker is over one year status-post op arthroscopic rotator cuff

repair. A progress report dated 08/12/13 reported that the injured worker had almost completed all of his authorized physical therapy and still feels weak with limited range of motion. Physical examination noted minimal swelling, mild tenderness; some limited range of motion with elevation at 150 degrees, internal rotation to lower lumbar level, grade four weakness; distal neurovascular intact. There were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date. The California Medical Treatment Utilization Schedule (CAMTUS) allows for up to 24 visits over 14 weeks for the diagnosed injury. There is no additional significant objective clinical information that supports the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for six physical therapy visits for the right shoulder has not been established. The request is not medically necessary and appropriate.