

Case Number:	CM14-0004792		
Date Assigned:	01/24/2014	Date of Injury:	01/11/2008
Decision Date:	06/10/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 67 year old female with a reported date of injury on 01/11/2008. The MRI of the left shoulder, dated 05/17/2013 revealed the supraspinatus tendon was retracted. According to the clinical note dated 06/11/2013 the injured worker complained of severe left shoulder pain and difficulties sleeping on her shoulder. The physical exam revealed abduction to 90 degrees, flexion to 100 degrees, supraspinatus strength was 4/5 and external rotation strength was 5/5. The injured workers diagnosis included left shoulder rotator cuff tear. The injured worker underwent left shoulder rotator cuff repair on 08/26/2013. According to the clinical note dated 10/15/2013, left shoulder range of motion was flexion to 135 degrees, abduction to 135 degrees and motor strength at 4/5. The clinical note dated 11/07/2013 recorded left shoulder range of motion at abduction to 150 degrees and flexion to 160 degrees. The injured worker's medication regimen included naproxen, and bio freeze. The request for authorization for Post OP PT 3x2 for the left shoulder and viscosupplementation injections once a week for 5 weeks (5 total injections) was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PT 3 X 2 FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER ,ADHESIVE CAPSULITIS, POST SURGICAL TREATMENT.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends postsurgical treatment at a total of 24 visits over 14 weeks. According to the clinical documentation provided the injured worker has attended 19 physical therapy visits post-operatively. There is a lack of documentation provided regarding the effectiveness of treatment to include the increase in functional abilities and the decrease in medication usage, related to physical therapy. As the request exceeds recommended guidelines the request for post operative physical therapy 3x2 for the left shoulder is non-certified.

VISOCSUPPLEMENTATION INJECTIONS ONCE A WEEK FOR 5 WEEKS (5 TOTAL INJECTIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER, HYALURONIC ACID INJECTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, VISOCSUPPLEMENTATION INJECTIONS.

Decision rationale: The Official Disability Guidelines does not recommend visocsupplementation injections for rotator cuff tear or adhesive capsulitis. As the injured worker was diagnosed with rotator cuff injury, the request does not meet the recommended guidelines. Therefore, the request for visocsupplementation injections once a week for 5 weeks (5 total injections) is non-certified.