

Case Number:	CM14-0007020		
Date Assigned:	02/07/2014	Date of Injury:	09/11/2008
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 58-year-old female who has submitted a claim for right rotator cuff impingement, acromioclavicular joint arthrosis, partial rotator cuff tear, tear of anterior superior labrum associated with an industrial injury date of September 11, 2008. Medical records from 2013-2014 were reviewed showing the patient complaining of right shoulder pain. She initially had left shoulder pain due to an injury but eventually developed symptoms on the right. The right shoulder pain is located in the lateral deltoid area. The pain is aggravated by sleeping on the involved side, abduction, brushing her hair and reaching. She is status post right acromioplasty and Mumford last October 29, 2013. Physical examination showed tenderness on the superior and anterolateral aspects of the right shoulder, tenderness over the anterior aspect of the right shoulder near the bicipital groove and end-range limitation of both right shoulder forward flexion and abduction. Impingement sign was positive. Motor and sensory exams are normal. MRI of the right shoulder, dated July 16, 2013, demonstrated acromioclavicular joint mild osteoarthritis and supraspinatus and infraspinatus tendinosis. Treatment to date has included medications, activity modification, home exercise program, physical therapy, cortisone injections, and left and right acromioplasty and Mumford (October 16, 2009 and October 29, 2013, respectively).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR RIGHT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Post-Surgical Guidelines indicate that for post-surgical treatment following rotator cuff surgery, 24 visits over 14 weeks are reasonable with a post-surgical physical medicine treatment period of 6 months. In this case, the patient underwent right acromioplasty and Mumford last October 29, 2013. Information about the post-surgical physical therapy visits were not documented. Moreover, there is no clear documentation concerning functional gains. There is insufficient evidence or objective findings to prove the necessity for additional treatment for the right shoulder. Furthermore, a progress report, dated November 7, 2013, stated that the patient was referred to therapy for instruction on a home exercise program. The patient should be well-versed by now to continue therapy as a home exercise. Therefore, the request for physical therapy 2 times a week for 6 weeks for right shoulder is not medically necessary.