

Case Number:	CM14-0101532		
Date Assigned:	07/30/2014	Date of Injury:	10/21/2010
Decision Date:	10/20/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 42 year old female who sustained a work injury on 10-21-10. Medical records reflect the claimant underwent left shoulder subacromial decompression, arthroscopic distal clavicle resection (Mumford procedure), extensive debridement superior labrum degenerative type I SLAP (Superior Labrum Anterior Posterior) tear, extensive debridement bursal surface partial thickness rotator cuff tear, left shoulder on 12-18-13. The claimant has undergone 38 post op physical therapy sessions. Office visit on 5-23-14 notes the claimant is status post decompression capsulitis. The claimant continued with decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - ultrasound

Decision rationale: ODG notes that regarding diagnostic ultrasound, the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. However, there is an absence in documentation noting that there is a suspicion of a rotator cuff tear. The diagnosis is of capsulitis. Therefore, the medical necessity of this request is not established.

Physical Therapy 2 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - physical therapy

Decision rationale: Post-Surgical Treatment Guidelines notes that physical therapy post-surgical treatment, arthroscopic: 24 visits over 14 weeks. This claimant has undergone 38 post op physical therapy sessions. There is no documentation of extenuating circumstances to support additional physical therapy at this time or that this claimant cannot perform a home exercise program based on the physical therapy she has had. Therefore, the medical necessity of this request is not established.