

Case Number:	CM14-0103295		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2011
Decision Date:	08/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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:

This 40-year-old male furniture assembler sustained an industrial injury on 10/3/11. Injury occurred while pulling on springs to assemble recliners. The 10/30/12 left shoulder MRI impression documented mild impingement syndrome, tendonitis versus partial thickness rotator cuff tear, and narrowing of the glenohumeral joint spaces. Conservative treatment included medications, activity modification, physical therapy, and cortisone injections with no improvement. Records indicated that the patient had constant grade 7/10 pain involving the left shoulder and aggravated by lifting, pulling and pushing. Pain was alleviated by medication and rest. The 6/17/14 treating physician report cited on-going left shoulder pain. Left shoulder exam documented limited and painful range of motion, tenderness over the subacromial arch, and positive impingement maneuvers. The treatment plan requested left shoulder arthroscopy with subacromial decompression, and debridement versus repair of the rotator cuff. Post-operative physical therapy 3x4 was also requested. The 6/25/14 utilization review denied the request for post-op physical therapy 3x4 as the associated left shoulder surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy three times a week for four weeks left shoulder (quantity 12).:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Under consideration is a request for post-operative physical therapy relative to a left shoulder arthroscopic subacromial decompression and rotator cuff repair. The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. Although there is no current documentation that the left shoulder surgery has been certified, the current request for post-op physical therapy for 12 initial visits is consistent with guideline recommendations. Therefore, this request for post op physical therapy three times a week for four weeks left shoulder (quantity 12) is medically necessary.