

Case Number:	CM14-0104364		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2008
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 claimant is a 52 year old female with an industrial injury dated 10/01/09. The patient is status post a left shoulder rotator cuff repair and subacromial decompression dated 02/26/14. The patient has completed 24 physical therapy sessions. Exam note 06/10/14 states the patient returns with neck and shoulder pain. She mentions that the physical therapy is helping with her muscle strength. Upon physical exam the patient completed a 90' active shoulder elevation, and a passive 165' elevation without discomfort. The patient does have muscle spasms in her left-sides paraspinal musculature, and her portal incisions are well-healed. External rotation is noted to be 5' at the side and she internally rotates to her left hip. The patient has a 5/5 motor strength in her second flexor digitorum profundus, extensor pollicis longus, and interosseous muscles. The patient has a sensation in which are intact, with a 2+ palpable radial pulses. Treatment includes a continuation of physical therapy sessions in increase strength and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Twice a week for eight weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Therapy Guidelines- Physical Therapy Guidelines Preface

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the California MTUS Postsurgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks* Postsurgical physical medicine treatment period: 6 months In this case the exam notes demonstrate the request exceeds the maximum amount of visits allowed. From the exam note of 6/10/14 there is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, this request is not medically necessary.