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| Case Number: | CM14-0012113 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 05/02/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 injured worker is a 47 year old male who reported an injury on 05/02/2012 due to a fall at work. The injured worker had a left shoulder synovectomy, debridement, subacromial decompression, acromioplasty and labral repair on 10/22/2013. On 11/15/2013 the injured worker had 90 degrees of active abduction, 100 degrees of active forward flexion on the left shoulder. On 02/07/2014, the injured worker stated his left shoulder pain was slowly improving and range of motion and strength were improved. He still had significant pain with reaching/abduction of the arm. He had completed 18 sessions of physical therapy. The injured worker medication was Norco 10-325 mg for his left shoulder pain. On the physical examination documented on 02/07/2014, it was positive for tenderness on the left supraspinatus and anterior. The impingement test was negative. The injured worker had 100 degrees of active abduction, 175 degrees of active forward flexion on the left shoulder. His motor strength and motor tests were a 4/5. It is documented that his biceps and triceps reflexes were a positive 2 on the right and left. The injured worker diagnoses were shoulder impingement/bursitis, shoulder acromioclavicular joint arthritis, shoulder arthralgia and shoulder arthritis. The treatment plan recommendations were for additional post-operative physical therapy two times a week for six weeks. The request for the authorization for medical treatment was provided and signed on 08/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 2X6 POST OP PT VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for post-operative physical therapy 2 times a week for 6 weeks for the left-shoulder is non-certified. The injured worker underwent a left shoulder arthroscopic subacromial decompression, anterior labrum reconstruction and arthroscopic subacromial bursectomy on 10/22/2013. On 02/07/2014 the injured worker states his left shoulder pain had slowly improved and his range of motion and strength has improved. He states having significant pain with reaching/abduction of the arm. He had completed 18 sessions of post-operative physical therapy. California Medical Treatment Utilization Schedule (MTUS) guidelines recommend 24 physical therapy visits over 14 for a post-surgical rotator cuff syndrome/impingement syndrome. Per the document provided the injured worker has already completed his post-operative physical therapy of 18 visits and his recommended daily home exercise program. The request for an additional 12 visits will exceed the amount of postsurgical physical therapy visits per the guideline since the injured worker had already completed 18 initial sessions for the duration of his care. Given the above, the request is non-certified.