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| Case Number: | CM14-0017124 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 07/16/2009 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 29 year old female who was injured on 07/15/2009 when a safe box fell and hit her on the head and making a trail down her neck, left shoulder and arm. Prior treatment history has included physical therapy for three months three times a week. The patient also received cortisone injection into her left shoulder. Diagnostic studies reviewed include an MRI of the left shoulder with the following impression: 1) The acromion Type II-II with peaking of the outer portion of the acromion with impingement upon the supraspinatus tendon insertion to the humeral head with tendinosis changes present. There is a partial intrasubstance tear seen at the area of the insertion measuring 0.8 cm but no full thickness tear, medial retraction or atrophy seen. 2) There is mild effusion seen in the glenohumeral joint, but no ganglion cyst formation. Progress note dated 01/06/2014 documented the patient with complaints of left shoulder pain rated as 8-9/10. She denies neck and lower back pain at this time. Objective findings on exam of the left shoulder demonstrate limited range of motion. Left shoulder flexion and extension are limited by localized pain. Upon examination of the shoulder, positive impingement test, Neer's test, Hawkins-Kennedy test, Codman drop arm test and empty can supraspinatus test are noted on the left. However, these are negative on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY FOR THE LEFT SHOULDER 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As per CA MTUS/Postsurgical medical treatment guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. In this case, this patient continues to have left shoulder complaints despite prior treatment with physical therapy and steroid injection. The left shoulder MRI showed impingement of the supraspinatus tendon with partial tear, type II acromion and mild effusion. On physical exam, there is documentation of decreased left shoulder ROM, positive impingement/Neer/Hawkins-Kennedy/Codman Drop Arm/Empty Can tests. She was diagnosed with left shoulder impingement syndrome and rotator cuff repair and was recommended left shoulder arthroscopic rotator cuff repair. The request is for 2x 6 weeks of postop physical therapy for the left shoulder and guidelines recommend 24 visits over 14 weeks are allowed. The request is within the guidelines recommendation; however, there is no documentation that the patient has undergone the proposed surgery. The most recent progress note dated 01/06/2014 indicates awaiting authorization for the left shoulder surgery. Thus, the request appears to be premature at this time and is not considered medically necessary and appropriate.