

Case Number:	CM14-0135975		
Date Assigned:	09/03/2014	Date of Injury:	11/29/2013
Decision Date:	10/08/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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:

47 year old male claimant with an industrial injury dated 11/29/13. The patient is status post a right shoulder arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle excision as of 04/10/14. The patient was undergone 22 of 24 postoperative therapy sessions certified. Exam note 07/28/14 states the patient returns with decreased pain and improved motion/ strength. The patient is three months a right should arthroscopy in which he mentions having progress through the therapy. The patient reports persistent pain, weakness, and desires to continue physical therapy. Current medications include Prilosec, Lexapro, Lisinopril, and Norco. Physical exam of the right shoulder demonstrates well healed incisions, with a range of motion of 90 degrees abduction, max external rotation and internal rotation to mild lumbar spine. The patient had a negative belly press test, mild pain when completing the impingement test and a 4/5 rotator cuff strength with limited pain. Treatment includes a continuation of physical therapy and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

PO PT #3 right shoulder 2 x 6 Quantity: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Rotator cuff syndrome page 26-27

Decision rationale: Per the CA MTUS Post Surgical 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 claimant has completed 22 of 24 visits. The additional visits requested exceed the maximum allowable. There is insufficient evidence of functional improvement from the exam note from 7/28/14. There is no objective reason on exam why a home-based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.