

Case Number:	CM14-0151177		
Date Assigned:	09/19/2014	Date of Injury:	09/30/2013
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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:

A 50 year old male claimant with an industrial injury reported on 9/30/13. Claimant is status post right shoulder arthroscopic subacromial decompression, Mumford and debridement rotator cuff on 6/5/14. Exam note 8/5/14 demonstrates the patient is 2 months status post arthroscopic debridement, distal clavicle resection with labral and cuff debridement. Exam demonstrates that the wounds are healing without signs of infection. Active forward flexion is 0-145 degrees. No evidence is noted in the records of completed physical therapy visits postoperatively for the right shoulder. Request is made for 12 additional visits of right shoulder postoperative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy 2x week for 6 weeks for the Right Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff

syndrome/Impingement syndrome (ICD9 [REDACTED]; [REDACTED]): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months There is insufficient evidence of prior visits performed to warrant further visits. There is lack of objective findings on 8/5/14 of function deficit to warrant 12 further visits. Therefore the determination is for not medically necessary.