

Case Number:	CM14-0157924		
Date Assigned:	10/01/2014	Date of Injury:	03/03/2014
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Indiana. 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 55-year-old female with complaints of right shoulder pain. The date of injury is 3/3/14 and occurred when she was picking up a trashcan at work trying to put in a dumpster. She experienced immediate onset of sharp and achy right shoulder pain with radiation to the neck. The worker on the date of injury had a physical examination that revealed decreased ROM of the right upper extremity with tenderness to palpation of the posterior shoulder and no bony deformities. An MRI of the right shoulder performed on 4/14/14 was read as revealing tendinosis of the supraspinatus and infraspinatus tendons with an 8 mm full-thickness tear in the supraspinatus tendon near its insertion into the humeral tuberosity, moderate degenerative arthritis of the right AC joint, degenerative arthritis of the glenohumeral joint, and a fluid collection in the subscapularis bursa. The worker's pain and limited mobility of the shoulder persisted despite conservative treatment with rest, Anaprox and Norflex. The worker underwent arthroscopic surgery on the right shoulder on 6/13/14 consisting of a subacromial decompression glenohumeral synovectomy and labral debridement, and AC resection. A full-thickness rotator cuff tear was not found at the time of surgery. Post-operatively; the worker was treated with Percocet and PT. The worker has already received 23 PT sessions to the right shoulder post-operatively. As a result of the worker experiencing continued pain, stiffness, and weakness of the right shoulder, the treating physician is requesting additional PT for the right shoulder 3 a week for 4 weeks, a total of 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, 3 times a week for 4 weeks, total of 12 sessions:
Upheld

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

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

Decision rationale: The injured worker has already received 23 Physical Therapy sessions to the right shoulder after arthroscopic right shoulder surgery for rotator cuff syndrome/impingement syndrome. According to the CA MTUS Post-Surgical treatment Guidelines, the recommended number of post-operative Physical Therapy visits 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. The worker has already completed 23 sessions of PT since surgery. At this point, there is no reason why the worker cannot participate in a structured home exercise program. For these reasons, the request for 12 more sessions of additional physical therapy for the right shoulder is not medically necessary.