

Case Number:	CM14-0161609		
Date Assigned:	10/07/2014	Date of Injury:	09/17/2013
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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:

69-year-old female claimant with reported industrial injury September 17th, 2013. MRI of right shoulder on October 20, 2013 demonstrates non-displaced fractures of proximal humerus with partial thickness biceps tear and full-thickness tear of the supraspinatus. The claimant is status post right shoulder arthroscopy with rotator cuff repair, biceps tenodesis and resection distal clavicle April 29, 2014. Exam note August 6, 2014 demonstrates healed arthroscopic portals with internal rotation to L5, external rotation of the arm at the side to 70. Motor weakness is noted with stress testing. Forward flexion is 100 actively and 50 passively. Patient is noted to be neurovascularly intact. Request is made to continue physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy (PT) to Right Shoulder two (2) times per week over six (6) weeks: 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: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Sprained shoulder; rotator cuff (ICD9 [REDACTED]; [REDACTED]): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months In this case it is unclear how many visits have been completed prior to this request for therapy in the exam note from 8/6/14. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the request is not medically necessary.