

Case Number:	CM14-0168591		
Date Assigned:	10/16/2014	Date of Injury:	07/17/2011
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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:

53 year old female claimant with an industrial injury dated 07/17/11. The patient is status post physical therapy sessions, right shoulder manipulation under anesthesia, and arthroscopic right rotator cuff repair with subacromial decompression dated 08/14/13. Exam note 08/07/14 states the patient returns with right shoulder pain. The patient explains that the pain is constant with a stabbing sensation in the arm that radiates to the right elbow/hand. The patient rates the pain an 8/10 and explains she experiences numbness in the hand as well. The patient also has right heel pain in which she rates a 7/10. The patient has difficulty sleeping, and reports anxiety/depression. Upon physical exam the patient did not have any evidence of adhesive capsulitis. The patient had limited active range of motion and almost full passive range of motion. The patient can raise the right arm to 90°. Diagnosis is noted as status post right shoulder surgery xs 3 with residual decreased painful active motion. Treatment includes the prescriptions of Naproxen and Prilosec, along with physical therapy. 48 sessions of physical therapy have been completed to date following the right shoulder arthroscopy with rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine and right shoulder 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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: Complete rupture of rotator cuff (ICD9 727.61; 727.6): Post-surgical treatment: 40 visits over 16 weeks, and post-surgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed with 48. There is insufficient evidence of functional improvement in the exam note from 8/7/14 or reason why a home based program cannot be performed to warrant further visits. Therefore the request for continued physical therapy is not medically necessary and appropriate.