

Case Number:	CM14-0179008		
Date Assigned:	11/03/2014	Date of Injury:	02/21/2013
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 New York. 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 patient is a 61-year-old with a date of injury of February 2013. The patient has chronic shoulder pain. The patient had 4 sessions of physical therapy prior to surgery. The patient had left shoulder arthroscopic surgery with rotator cuff tear which was followed by 20 postoperative sessions of physical therapy. The patient was recently examined and complained of neck pain and left arm pain. The medical records documented that the patient was progressing well. Physical exam documents 160 of shoulder flexion and 70 of external rotation. Internal rotation was 70. Manual muscle strength was normal. The patient is diagnosed with cervical spine disc bulge with possible left upper extremity radiculopathy. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: physical therapy 3 times a week for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: The patient does not meet established criteria for additional shoulder physical therapy at this time. MTUS guidelines recommend 20 for postoperative visits over 14 weeks for post surgical management of rotator cuff surgery. The patient has neck pain with a diagnosis of cervical disc bulges. The medical records do not document an adequate physical examination of the patient's cervical region. There is not an adequate description of any conservative measures for the treatment the patient's neck pain. More documentation of the patient's cervical condition is required prior to needing cervical physical therapy. MTUS Criteria for cervical physical therapy not met and is not medically necessary.

Associated surgical service: post operative physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: The patient does not meet established criteria for additional shoulder physical therapy at this time. MTUS guidelines recommend 20 for postoperative visits over 14 weeks for post surgical management of rotator cuff surgery. The request is not medically necessary.