

Case Number:	CM14-0024002		
Date Assigned:	06/11/2014	Date of Injury:	10/11/2011
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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:

Claimant with date of injury 10/11/11. Exam note from 1/22/14 demonstrates claimant is 23 weeks after surgery. There is report in the records of less pain but still with shoulder pain. Exam demonstrates flexion of 140 degrees and external rotation of 30 degrees. Shoulder muscles are noted to be 4/5 in strength. 25 sessions of postoperative physical therapy has been completed as of 1/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER:

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 for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12), Postsurgical treatment, arthroscopic are 24 visits over 14 weeks. In this case the claimant has exceeded the maximum amount of visits allowed with 25 visits. There is insufficient evidence of functional improvement or reason why a

home based program cannot be performed to warrant further visits. Therefore the request for twelve (12) physical therapy sessions for the right shoulder is not medically necessary and appropriate.

HEATING PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder procedure Summary last Updated 12/27/2013, Thermotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Thermotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of thermotherapy. According to the ODG, Shoulder section regarding thermotherapy, "Under study. For several physical therapy interventions and indications (for example, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." Therefore the guidelines have not been satisfied and the request for Heating Pad is not medically necessary and appropriate.