

Case Number:	CM14-0033047		
Date Assigned:	04/30/2014	Date of Injury:	02/09/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 40-year-old male with date of injury 02/09/2012. Per the treating physician's report 01/27/2014, patient presents with persistent right shoulder pain with MRI of the shoulder showing possible biceps tear, supraspinatus/infraspinatus tendinosis with bursal surface fraying of the supraspinatus tendon. Examination showed positive impingement, there is weakness with external rotation and abduction and loss of range of motion slightly. He also has had an evaluation of right shoulder that showed intact deltoid, labrum not visualized, biceps tendon showed some irregularity and subscapularis also showed some irregularity. The patient was given right shoulder subacromial and intraarticular injection under ultrasound guidance. Diagnosis was right rotator cuff/labral tear, impingement syndrome, biceps tear. Authorization request was for right shoulder repair of the rotator cuff labrum and possible biceps tenolysis and debridement, subacromial decompression. Postoperatively, the patient will need sling, Polar Care unit, CPM rental for 21 days, and at least 12 sessions of physical therapy. Medications were Anaprox, Prilosec, LidoPro, and Vicodin. 02/13/2014 report is a utilization review appeal for right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, TO THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Shoulder Page(s): 98, 99, 26, 27.

Decision rationale: The MTUS Guidelines allow up to 12 sessions of postoperative physical therapy following surgery for impingement which this patient appears to be suffering from. If the patient's shoulder was found to have a complete tear of the rotator cuff and repair was performed, then up to 24 sessions of postoperative physical therapy is recommended. The patient presents with persistent right shoulder pain having failed conservative care for almost 2 years. The treating physician reports the MRI showing various findings as noted in the summary. The MRI mainly showed fraying of the rotator cuff, tendinosis with partial interstitial disruption of the subscapularis, and tenosynovitis of the biceps long head. Given that the patient has asked for 12 sessions and based on proposed surgery, the request is reasonable and consistent with MTUS Guidelines for postoperative care. The request for post-operative physical therapy, three times a week for four weeks to the right shoulder is medically necessary and appropriate.