

Case Number:	CM14-0038201		
Date Assigned:	06/25/2014	Date of Injury:	09/16/2011
Decision Date:	08/19/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The records presented for review indicate that this 29-year-old female was reportedly injured on 9/16/2011. The mechanism of injury was listed as a lifting injury while working in a restaurant. The claimant underwent a right shoulder arthroscopy, rotator cuff repair, Superior Labrum Anterior and Posterior tear (SLAP) repair, extensive debridement, blood harvest and PRP injection. Postoperative treatment included #24 post-operative physical therapy sessions. A physical therapy note, dated 2/14/2014, reported she was feeling good, 0/10 pain and no issues with home exercise program. Examination demonstrated shoulder range of motion: Flexion 170, abduction 170, and internal/external rotation 50. She was assessed at 70% of normal, but still lacking strength and tightness in external rotation. The most recent progress note, dated 5/27/2014, indicated that there were ongoing complaints of cervicothoracic pain radiating down the right upper extremity to the hand; however, no complaints of shoulder pain, weakness or decreased shoulder range of motion. Physical examination demonstrated no cervicothoracic spine deformity, spasm and tenderness, weakness in the right triceps, decreased sensation in the right middle finger and dorsal hand/forearm and deep tendon reflexes symmetrical. Plain radiographs of the cervical spine, dated 5/27/2014, were normal. MRI of the cervical spine, dated 6/6/2014, showed mild degenerative changes in the mid cervical spine. A request had been made for additional, postoperative physical therapy to the right shoulder, 2 times per week for 4 weeks (8 visits) and was not certified in the utilization review on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy to the right shoulder, 2 times per week for 4 weeks (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the use of physical therapy after arthroscopic shoulder surgery and recommend a maximum of 24 visits over 14 weeks. The current request for #8 physical therapy visits exceeds the amount supported by the chronic pain treatment guidelines. As such, this request is not considered medically necessary.