

Case Number:	CM14-0049079		
Date Assigned:	06/25/2014	Date of Injury:	01/02/2014
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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:

This 50-year-old female sustained an industrial injury 1/2/14, relative to repetitive lifting and lifting heavy boxes overhead. The 2/13/14 treating physician report cited significant leg shoulder pain with over shoulder level activities. She had been unable to work since 1/16/14. Functional difficult was also documented in bathing, grooming, and reaching behind. Physical exam findings documented painful arc of motion, forward flexion to 140 degrees, external rotation 45 degrees, internal rotation to T11, 3/5 rotator cuff weakness, and positive impingement test. The 2/26/14 left shoulder MRI documented a type II acromion, with likely supraspinatus partial thickness tear and high-grade infraspinatus partial thickness tear. Findings included calcific tendinitis, mild to moderate supraspinatus atrophy, circumferential labral degeneration, biceps tendinosis, and cortical irregularity of the greater tuberosity. The 2/28/13 treating physician report documented pain and numbness left shoulder. MRI documented near full-thickness rotator cuff tear. Left shoulder arthroscopy with rotator cuff repair, possible tenodesis, labral debridement, and subacromial decompression with 25 post-operative physical therapy sessions were requested. The 3/14/14 utilization review modified the request for 25 post-operative physical therapy visits for the left shoulder to 12 initial visits consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 25 sessions for left shoulder: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/14/14 utilization review recommended partial certification of 12 initial post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations. Therefore, this request for post-operative physical therapy 25 sessions for the left shoulder is not medically necessary.