MAXIMUS Federal Services

Case Number:	CM14-0070708		
Date Assigned:	06/27/2014	Date of Injury:	05/29/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62-year-old male who has submitted a claim for left shoulder sprain/strain status post left shoulder surgery associated with an industrial injury date of 05/29/2013.Medical records from 12/09/2013 to 07/25/2014 were reviewed and showed that patient does not report significant shoulder pain. Occasional painless popping in the left shoulder was noted. Physical examination revealed well-healed surgical scars. Mild tenderness over the distal clavicle was noted. Left shoulder range of motion was slightly decreased. Neer, Hawkins, apprehension, relocation, posterior provocation, sulcus, Speed's, Yergason's and cross-body tests were all negative. O'brien's test was positive. MMT and sensation to light touch was intact. Treatment to date has included arthroscopy with rotator cuff repair, subacromial decompression, distal claviculectomy, and open biceps tenodesis (11/2013) and physical therapy.decompression, distal claviculectomy, and open biceps tenodesiss because the medical necessity for further therapy cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Continue Post-operative Out-patient Physical Therapy to the left shoulder, 2x4 Weeks, status post Rotator Cuff Repair, Subacromial Decompression, Distal Claviculectomy, and Open Biceps Tenodesis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Postsurgical Treatment Guidelines recommend 24 visits of postsurgical physical therapy for arthroscopic repair of rotator cuff/impingement syndrome. The postsurgical physical medicine treatment period is 6 months. In this case, the patient has already completed 40 visits of physical therapy which exceeded guidelines recommendation. The patient is already 9 months status post left shoulder surgery which is beyond the 6 months physical medicine treatment period recommended by the guidelines. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for 8 Continue Post-operative Out-patient Physical Therapy to the left shoulder, 2x4 Weeks, status post Rotator Cuff Repair, Subacromial Decompression, Distal Claviculectomy, and Open Biceps Tenodesis is not medically necessary.