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| Case Number: | CM14-0076262 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/28/2011 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/24/2014 |

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 Internal Medicine, 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:

Patient is an injured worker status post left shoulder surgery on 01-22-2014. Operation report dated January 22, 2014 documented the diagnoses left shoulder impingement, left shoulder partial-thickness rotator cuff tearing, and left shoulder ac arthrosis. Operation report dated January 22, 2014 documented the performance of left shoulder arthroscopy with debridement of partial-thickness rotator cuff tear, subacromial decompression with acromioplasty, and mumford distal clavicle resection. MRI of the left shoulder dated 09/30/2013 reported low grade articular surface tear of the supraspinatus tendon with underlying moderate tendinosis, distal infraspinatus tendinosis with focal calcification, moderate tendinopathy of the subscapulars tendon, moderate acromioclavicular joint arthropathy, minimal nonspecific edema along the lateral aspect of the deltoid. Initial orthopedic evaluation dated May 8, 2013 documented subjective complaints of neck and low back pain with radiation to the bilateral upper and lower extremities, shoulder pain. On February 28, 2011, patient she was performing her usual and customary duties, when her back cracked, followed by significant pain in her back and legs. Diagnoses were cervical strain with underlying cervical degenerative joint disease, lumbar strain, bilateral shoulder impingement with possible calcific rotator cuff tendinopathy, left shoulder. Utilization review decision date was 04-24-2014. Utilization review documented that the patient has completed 24 post-op PT sessions since a 1/22/14 left shoulder arthroscopic surgery. As of 4/17/14, the patient completed a 21 sessions of post-op PT. At that point, the patient had achieved 130 of flexion and 95 of abduction. Strength had improved to 4/5 for flexion/abduction. Physical therapy note dated 04-17-2014 documented the completion of 21 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3. Postsurgical Treatment Guidelines Shoulder Page(s): 26-27.

Decision rationale: Medical treatment utilization schedule (MTUS) 9792.24.3. Postsurgical Treatment Guidelines provides postsurgical physical medicine (PT) physical therapy guidelines. For arthroscopic rotator cuff surgery, 24 visits over 14 weeks are recommended. Operation report dated January 22, 2014 documented the performance of left shoulder arthroscopy with debridement of partial-thickness rotator cuff tear, subacromial decompression with acromioplasty, and Mumford distal clavicle resection. Diagnoses were left shoulder impingement, left shoulder partial-thickness rotator cuff tearing, and left shoulder ac arthrosis. Physical therapy note dated 04-17-2014 documented the completion of 21 visits. The request for 6 additional PT visits would exceed the MTUS guideline recommendation of a total of 24 PT visit. MTUS postsurgical treatment guidelines do not support the medical necessity of 6 additional physical therapy visits. Therefore, the request for Physical Therapy 2x3 to the left shoulder is Not medically necessary.