

Case Number:	CM14-0116939		
Date Assigned:	08/04/2014	Date of Injury:	11/07/2012
Decision Date:	01/20/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family Medicine and is licensed to practice in Ohio. 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 is a male patient with an injury date of 11/07/2012 and no mechanism of injury was provided within the documentation. An orthopaedic follow up visit dated 01/02/2014, offered a periodic report of which described prior treatment of radiography study, surgery, physical therapy and MRI arthrogram. His last office visit noted being 12/10/2013 and his shoulder pain persists. He is working with physical therapy with recent exercise changes and pending another MRI approval. Physical examination showed negative impingement tests, forward elevation at 120 degrees, ABER at 60 degrees and ABIR at 30 degrees. Supraspinous resistance test three out of five and the ER at side is note a four out of five, belly press is noted negative and also speed test. Palpation demonstrates tender anterosuperior cuff. His motor and sensory function noted intact distally. The diagnostic impression reported post arthroscopy right shoulder, subcromial decompression, subcoracoid decompression, subscap repair, supraspinatus repair and distal clavicle excision 04/22/2013. The pain of care involved repeating MRI right shoulder, continue temporary total disabled and follow up after studies performed. A request for services dated 06/17/2014 asking for post operative scar based rehabilitation noted denied by Utilization Review on 06/23/2014 as not meeting medical necessity requirements. This request was in the expectation that another shoulder arthroscopy/surgery would be performed in the near future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Scar Based Rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Koren Med Sci. 2014 jun;29(6): page 751. 757.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: The utilization review physician previously was under the impression that scar based rehabilitation had something to do with preventing scars from forming on the skin at a surgical site. In point of fact, this sort of rehabilitation is specific for postoperative circumstances following rotator cuff surgery. The Official Disability Guidelines allow for between 24 and 40 postoperative physical therapy visits following rotator cuff surgery depending on whether the repair was arthroscopic or open. In this instance, the request for authorization does not include a number of physical therapy visits. Additionally, no operative notes have been included for purposes of this review. The injured worker did have a pre-operative physical on July 8, 2014 but there are no records available after that. Because the nature of the 2014 surgery is not known and because there is no specific number of physical therapy visits asked for, post op scar based rehab is not medically necessary as requested.