

Case Number:	CM14-0181834		
Date Assigned:	11/06/2014	Date of Injury:	11/16/2011
Decision Date:	01/28/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

65 year old female claimant with an industrial injury dated 11/16/13. MRI reveals a regular contouring deformity of the superior humeral head and no significant rotator cuff tears noted. MRI of the cervical spine demonstrates a foraminal narrowing at the right C5-6 region. The patient is status post a right shoulder rotator cuff repair and biceps tenodesis dated 05/01/14. Exam note 06/11/14 states the patient returns with right shoulder pain. Upon physical exam there was evidence of well-healed incisions. There was no surrounding erythema or drainage noted. Exam demonstrates a normal neurovascular exam. The patient demonstrated a normal wrist and elbow range of motion exam. Passive forward flexion of the shoulder was noted at 60. Records demonstrate claimant has completed 24 sessions of postoperative physical therapy. Diagnosis is noted as right shoulder pain and bursitis, right shoulder biceps long head subluxation and slap tear, along with a right shoulder rotator cuff supraspinatus tear and biceps sprain. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy 3x4 weeks-12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. *Postsurgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence from the exam note of 6/11/14 of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the request is not medically necessary.