

Case Number:	CM14-0184305		
Date Assigned:	11/12/2014	Date of Injury:	03/18/2013
Decision Date:	01/12/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 is a 51 year old male claimant with reported industrial injury of 3/18/13 with right shoulder pain. Exam note from 9/12/14 demonstrates pain in the neck and right shoulder. Examination demonstrates reflexes are 1+. Sensation is diminished in ring and small finger. Rotator cuff is noted to be weak without atrophy noted. Shoulder impingement signs are noted to be negative. Right shoulder forward flexion and abduction is noted to be 120 degrees. Exam note 10/10/14 demonstrates report of severe right shoulder pain and neck pain. Pain is noted in the right subacromial bursa and right subdeltoid bursa. No pain with palpation is noted in the left subacromial bursa. MRI of the right shoulder demonstrates degenerative joint disease of the glenohumeral joint with partial tear of subscapularis. Request is made for right shoulder arthroscopy with removal of loose bodies, chondroplasty and debridement and possible subacromial decompression. Request is made for postoperative physical therapy twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy, right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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; Postsurgical treatment, open: 30 visits over 18 weeks; *Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. Therefore, the determination is that the request is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.