

Case Number:	CM14-0185836		
Date Assigned:	11/13/2014	Date of Injury:	05/23/2011
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Minnesota. 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 injured worker is a 60 year old male who injured his left elbow and shoulder on 5/23/2014. He was lifting with his left arm when he heard a pop and lost strength in the biceps muscle. A subsequent MRI scan revealed a torn biceps tendon at the elbow. He underwent a delayed surgical repair in October 2011 per available records. During the post-operative physical therapy his shoulder became more symptomatic. On examination on 9/30/2014 per orthopedic coinsultation, there was full range of motion in the elbow. Examination of the shoulder revealed positive Neer and Hawkins impingement signs, tenderness over the bicipital groove, positive Speed's and drop arm signs. An upright MRI scan of the left shoulder revealed a small full thickness rotator cuff tear without retraction and a type II acromion. The requested surgical procedure included arthroscopy of the left shoulder, debridement and subacromial decompression, possible biceps tenodesis, and an open rotator cuff repair. There is no documentation pertaining to a Utilization review of the surgical request. However, a request for post-operative physical therapy x 12 for the shoulder was non-certified by Utilization Review in the absence of documentation approving the surgical procedure.

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 to the Left Shoulder x 12:

Overtured

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): 10,11,27.

Decision rationale: The post-surgical treatment guidelines for rotator cuff syndrome / impingement syndrome indicate 30 post-op physical therapy visits over 18 weeks for an open rotator cuff repair which is requested by the orthopedic surgeon as documented in the medical records. The post-surgical physical medicine period is 6 months. The initial course of therapy is 15 visits. The requested 12 Physical Therapy visits are well within the guidelines and as such the request are medically necessary.