

Case Number:	CM14-0188196		
Date Assigned:	11/18/2014	Date of Injury:	12/19/2011
Decision Date:	01/13/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 40 year old male with a history of recurrent dislocations of the right shoulder status post Bankart repair in 2007. On 12/19/2011 he re-dislocated the right shoulder at work. He underwent surgery on 5/15/2012 followed by physical therapy and a home exercise program. On 11/26/2013 an MR arthrogram revealed a SLAP lesion, partial tear of the supraspinatus and post traumatic chondromalacia of the inferior glenoid. On 9/22/2014 he continued to have instability, a symptomatic labral tear and glenohumeral arthritis. The shoulder flexion was 160 degrees, abduction 150 degrees, and external rotation 45 degrees. Strength was 4/5. A request for arthroscopy with SLAP repair was non-certified by Utilization Review on 10/14/2014. The physical therapy request for 12 post-operative sessions was also non-certified as the surgery was not being performed. The IMR request pertains to the non-certified post-operative physical therapy. A revised surgical request for capsulorrhaphy and debridement of the SLAP lesion with biceps tenodesis was mentioned has not yet been filed per documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy sessions for the right shoulder, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: The documentation submitted does not indicate UR certification of shoulder surgery. The post-surgical treatment guidelines indicate 24 visits over 14 weeks for the proposed surgical procedure of capsulorrhaphy, SLAP debridement, and biceps tenodesis. An initial course of therapy is one half of these visits which is 12 sessions. The requested post-operative physical therapy is appropriate for this surgery; however, as the surgery has not been approved the request for Post-operative physical therapy sessions for the right shoulder, three times weekly for four weeks is not medically necessary.