

Case Number:	CM14-0189497		
Date Assigned:	11/20/2014	Date of Injury:	11/29/2008
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine 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 53-year-old female with an 11/29/08 date of injury. According to a handwritten and largely illegible progress note dated 11/13/14, the patient complained of increased right shoulder and neck pain over the past 2-3 weeks and right wrist pain. Her right shoulder surgery request was denied. Objective findings: limited range of motion of shoulders. Diagnostic impression: cervical disc disease, shoulder adhesive capsulitis, and shoulder pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/30/14 denied the request for initial post-op physical therapy x12 sessions, right shoulder. The request for right shoulder arthrotomy, mini-arthrotomy, repair of rotator cuff, decompression of subacromial space, surgical assistant, and post-operative medications has been denied. Thus, this request is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy x 12 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support up to 24 visits over 14 weeks postsurgical treatment for rotator cuff repair. However, in the present case, the requested surgical procedure, right shoulder arthroscopy and arthrotomy to decompress subacromial space and rotator cuff repair was denied. As a result the medical necessity for this associated post-surgical treatment cannot be substantiated. Therefore, the request for Post-op Physical Therapy x 12 sessions for the right shoulder was not medically necessary.