

Case Number:	CM14-0196280		
Date Assigned:	12/04/2014	Date of Injury:	04/21/2014
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 61-year-old female with a 4/21/14 date of injury. The patient injured her right shoulder and knee as the result of a fall. According to a consultation report dated 10/23/14, the patient was seen for evaluation of her right shoulder. She has done physical therapy with minimal relief. She had an MRI of the involved right shoulder on 8/21/14, which revealed evidence of AC joint arthritis, a high grade partial thickness tear of the supraspinatus, a small probable labral tear, and arthritic changes in the humeral head. The plan was for the patient to proceed with decompression and debridement, distal clavicle excision, and treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion. Objective findings: limited range of motion of right shoulder, AC joint mildly tender, greater tuberosity and proximal biceps are moderately tender, impingement test markedly positive. Diagnostic impression: right shoulder thickness rotator cuff tear and impingement with possible labral tear and symptomatic AC joint arthritis. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 11/4/14 denied the request for post-op physical therapy 2xWk x 6 Wks for the right shoulder. There is a concurrent request for right shoulder debridement, possible labral repair, rotator cuff repair, and subacromial decompression. While post-operative physical therapy is considered, the requested surgery must be duly authorized as deeming appropriate and necessary in which the medical records submitted failed to support this yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two times a week for six weeks to the right shoulder: Upheld

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

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 syndrome/impingement syndrome. However, in the present case, the UR decision dated 11/4/14 indicated that the request for right shoulder debridement, possible labral repair, rotator cuff repair, and subacromial decompression was non-certified. Because the medical necessity of the initial surgical request was not established, this associated request for post-surgical treatment cannot be substantiated. Therefore, the request for post-op physical therapy two times a week for six weeks to the right shoulder is not medically necessary.