MAXIMUS Federal Services

Case Number:	CM14-0196303		
Date Assigned:	12/04/2014	Date of Injury:	02/25/2005
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
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:

The patient is a 59-year-old male who has submitted a claim for herniated nucleus pulposus of the lumbar spine and left shoulder rotator cuff tear associated with an industrial injury date of February 25, 2005.Medical records from 2011 to 2014 were reviewed. The patient complained of sharp pain and weakness at the left shoulder. Physical examination of the left shoulder showed normal reflexes, limited motion, and positive impingement sign. The MRI of the left shoulder from October 13, 2014 showed type II acromion with mild acromioclavicular joint osteoarthritis placing the patient at a higher risk for impingement. There is supraspinatus tendinopathy. There is a partial articular avulsion of the anterior leading edge of the supraspinatus tendon. The ultrasound of the left shoulder showed rotator cuff tendinosis.Treatment to date has included physical therapy and medications. The current treatment plan includes left shoulder arthroscopy, subacromial decompression, and debridement.The utilization review from November 3, 2014 denied the request for associated surgical service: 12 initial post operative physical therapy 2 x 6 weeks for the left shoulder because of no data presented to support the need for surgical intervention. As such, post-operative physical therapy is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 12 initial post operative physical therapy 2 x 6 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

Decision rationale: CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 24 visits over 14 weeks for rotator cuff syndrome / impingement syndrome. Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, the current treatment plan includes left shoulder arthroscopy, subacromial decompression, and debridement. However, there is no evidence that the contemplated surgery has been certified. There is no clear rationale for certifying a post-operative request at this time. Therefore, the request for associated surgical service: 12 initial post-operative physical therapy 2 x 6 weeks for the left shoulder is not medically necessary.