

Case Number:	CM14-0209068		
Date Assigned:	12/22/2014	Date of Injury:	01/28/2014
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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:

According to the records made available for review, this is a 60-year-old male with a 1/28/14 date of injury. At the time (10/21/14) of request for authorization for associated surgical service: physical therapy 2xwk x 6wks for right shoulder, there is documentation of subjective (ongoing and worsening pain on the posterior and lateral aspect of the right shoulder) and objective (tenderness to palpation over the acromioclavicular joint and proximal biceps tendon of the right shoulder, limited right shoulder range of motion, discomfort with Hawkin's test, and positive Speed's test) findings, current diagnoses (right shoulder subscapularis partial-thickness tear with medial dislocation of the biceps tendon), and treatment to date (activity modification, rest, NSAIDs, and physical therapy). Medical report identifies a request for right shoulder subacromial decompression, possible distal clavicle excision, possible rotator cuff repair, and bicep tenodesis; and postoperative physical therapy 2x6. In addition, 11/24/14 UR determination identifies non-certification of a request for right shoulder subacromial decompression, possible distal clavicle excision, possible rotator cuff repair, and bicep tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical Therapy 2xWk x 6Wks for right shoulder: Upheld

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

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of right shoulder subscapularis partial-thickness tear with medial dislocation of the biceps tendon. In addition, there is documentation of a request for right shoulder subacromial decompression, possible distal clavicle excision, possible rotator cuff repair, and bicep tenodesis; and postoperative physical therapy 2x6. However, given non-certification of an associated request for shoulder surgery, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: physical therapy 2xwk x 6wks for right shoulder is not medically necessary.