

Case Number:	CM14-0020951		
Date Assigned:	04/30/2014	Date of Injury:	04/09/2013
Decision Date:	01/23/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 44-year-old male with a 4/9/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 1/24/14 noted subjective complaints of right shoulder pain and occasional numbness and tingling of the right middle and ring fingers. Objective findings included full rotator cuff strength. A progress report dated 4/28/14 noted that the patient was scheduled for right shoulder arthroscopy on 5/8/14. MRI of the right shoulder 12/6/13 showed 0.9 cm rim rent tear at the footplate insertion of the distal supraspinatus tendon and a superior labral tear extending into the superior and posterior superior labrum. Diagnostic Impression: Right AC joint sprain, rotator cuff tear. Treatment to Date: medication management, physical therapy. A UR decision dated 1/29/14 denied the request for post-op physical therapy right shoulder 3 x 4. Since the initial operative request was not found to be medically necessary, the associated peri-operative requests are not substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER 3 X 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS postsurgical treatment guidelines allow for up to 24 visits over 14 weeks for arthroscopic repair of rotator cuff syndrome. The patient appears to have been approved for right shoulder arthroscopy and had been scheduled for surgery on 5/8/14. The requested number of visits is in accordance to guidelines. Therefore, the request for Post-op physical therapy for the right shoulder 3 x 4 is medically necessary.