

Case Number:	CM15-0190278		
Date Assigned:	10/02/2015	Date of Injury:	05/10/2013
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 44 year old male, who sustained an industrial injury on 5-10-13. He is diagnosed with left shoulder rotator cuff tear with acromioclavicular joint arthritis and impingement. His work status is modified duty. A note dated 7-13-15 reveals the injured worker presented with complaints of increased left shoulder and shoulder blade area pain. He reports when he moves his head towards the left he feels increased pain and a stretching sensation on the shoulder blade. Physical examinations of the left shoulder, dated 7-13-15 - 8-19-15, revealed a mildly tender acromioclavicular joint, "greater tuberosity and proximal biceps are tender," decreased rotator cuff strength (4 out of 5) in the "infraspinatus, supraspinatus and subscapularis" and a positive impingement test. He "forward elevates to about 130 degrees, externally rotates to 40 degrees and internally rotates to the mid lumbar level". There is tenderness and spasm noted at the left "trapezius and rhomboid muscles". Treatment to date has included physical therapy (did not provide relief per note dated 9-18-15), and medication. Diagnostic studies have included an MRI (2013), which revealed a full thickness tear of the supraspinatus as well as a down sloping acromion and subacromial bursitis and x-rays reveal mild arthritic changes of the left shoulder, subacromial space and acromioclavicular joint, per physician note dated 8-18-15. A request for authorization dated 8-27-15 for post-operative physical therapy 2 times a week for 8 weeks for the left shoulder is modified to 12 sessions, per Utilization Review letter dated 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 8 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Shoulder.

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 16 visits which exceeds the guideline recommendation of 12 visits and as such, the medical necessity of the request has not been substantiated.