

Case Number:	CM15-0045647		
Date Assigned:	03/18/2015	Date of Injury:	12/13/2010
Decision Date:	09/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: Illinois, California, Texas
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:

This injured worker is a 33-year-old male who sustained an industrial injury on 12/13/10. Injury occurred while lifting a box of paper. He underwent L4/5 partial discectomy in September 2013. The 2/25/14 right shoulder MRI impression documented supraspinatus tendinosis/tendinopathy with a partial articular surface tear, and acromioclavicular (AC) joint hypertrophy moderately narrowing the subacromial space. The 11/20/14 treating physician report cited right shoulder complaints. Physical exam documented right shoulder weakness in abduction and external rotation with pain, and positive impingement tests. Range of motion was limited to 90-95 degrees with severe pain. Imaging showed a partial or complete rotator cuff tear, inconclusive as done without contrast. MR arthrogram was recommended. Authorization was requested on 11/25/14 for right shoulder diagnostic arthroscopy, subacromial decompression and rotator cuff repair with associated surgical services including post-operative physical therapy 2 x 4 for the right shoulder. The 2/4/15 utilization review non-certified the request for right shoulder surgery and post-op physical therapy as there was no detailed conservative treatment failure.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. 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 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. This initial request for post-operative physical therapy is consistent with guidelines. However, the associated surgical procedure has not been found medically necessary. Therefore, this request is not medically necessary at this time.