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| Case Number: | CM15-0088900 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 07/29/1998 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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 71-year-old male, who sustained an industrial injury on 7/29/1998. He reported right shoulder pain after pulling a fire hose. Diagnoses have included right shoulder rotator cuff tear, right shoulder pain and right shoulder mild glenohumeral arthritis. Treatment to date has included cortisone injections, chiropractic treatment and medication. According to the progress report dated 4/13/2015, the injured worker complained of right shoulder pain. Physical exam revealed positive Neer's and Hawkin's signs on the right. It was noted that undated magnetic resonance imaging (MRI) showed partial thickness rotator cuff tear; partial biceps tear and posterior labral tear. The injured worker was retired. The treatment plan documented that the injured worker had three cortisone injections to his right shoulder; injections had helped and surgery would be deferred. Documentation pertaining to a surgical procedure has not been submitted. Authorization was requested for 18 additional post-operative physical therapy visits for the right shoulder. The request was non-certified by utilization review citing CA MTUS guidelines. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional post-operative Physical Therapy visits, 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: The documentation provided includes a utilization review decision according to which the injured worker is status post shoulder surgery and 24 physical therapy sessions were authorized. A description of the surgical procedure or the operative report have not been provided. The diagnosis is a rotator cuff tear. Progress notes dated 4/13/2015 indicate the chief complaint of right shoulder pain with improvement after a corticosteroid injection. Possibility of surgery was discussed. The diagnosis at that time was a partial thickness rotator cuff tear, partial biceps tendon tear, posterior labral tear, and mild glenohumeral arthritis. In light of the improvement from the injection, surgery was deferred. Physical therapy notes have also not been provided. Therefore, it is not known if there is evidence of continuing functional improvement. California MTUS guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. In the absence of documentation indicating the number of physical therapy visits and absence of objective evidence of continuing functional improvement, the requested additional physical therapy is not supported by guidelines. As such, the medical necessity of the request has not been substantiated.