

Case Number:	CM14-0119626		
Date Assigned:	08/06/2014	Date of Injury:	01/07/2010
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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:

The claimant is a 58-year-old male who sustained a vocational injury on January 7, 2010 while vacuuming a classroom. At the time of his injury the claimant was employed as a recreational leader. A right shoulder diagnostic arthroscopy with subacromial decompression, repair of the rotator cuff and excision of distal clavicle was requested. Reviewing the Utilization Review determination dated July 17, 2014, it was documented that the request for surgery was not recommended as medically necessary. This request is for postoperative physical therapy two times a week for twelve weeks for the right shoulder following the proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy x 2 weekly for 12 weeks, 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.

Decision rationale: California MTUS Postsurgical Treatment Guidelines support twenty-four visits over fourteen weeks for up to six months for arthroscopic rotator cuff repairs and impingement syndrome and thirty visits over eighteen weeks for open rotator cuff repairs. Complete rupture of the rotator cuff is supported for up to forty visits over sixteen weeks for up

to six months according to California MTUS Postsurgical Rehabilitation Guidelines. In this case the 07/17/14 utilization review determination did not authorize the proposed surgery. There is no other documentation after the Utilization Review determination that indicates the surgery was authorized. Therefore, in light of the fact the surgery is not recommended as medically necessary, the request for postoperative physical therapy cannot be recommended as medically necessary.

Surgical Assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post -Op ARC Abduction Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.