

Case Number:	CM14-0144292		
Date Assigned:	09/12/2014	Date of Injury:	11/27/2012
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 case involves a 47 year old male injured worker with an industrial injury dated 11/27/12. The MRI of the right shoulder dated in 2013 indicated a rotator cuff tear full-thickness. MRI of 04/09/14 indicated that the patient has a 12mm wide full-thickness insertion tear at the distal anterior supraspinatus tendon from the footprint with approximately 12mm of retraction. Exam note dated 04/29/14, states the patient returns with right shoulder pain, and weakness when completing overhead activities. Physical exam demonstrates the patient completed a positive Neer and Hawkins tests. The patient has a range of motion of 0-160 degrees of forward flexion, abduction, and internal rotation to L3. The injured worker is status post right shoulder arthroscopy with rotator cuff repair. No evidence in the records of completed postsurgical therapy visits following rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits for right should pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27, the recommended amount of postsurgical treatment visits allowed for Rotator cuff syndrome / impingement is as follows: Arthroscopic postsurgical treatment 24 visits over 14 weeks are recommended for treatment period of 6 months; and for postsurgical treatment for open is 30 visits over 18 weeks are recommended for treatment period of 6 months. In the case of this injured worker, it is unclear in the records as to how many visits have been completed or what response there has been to the initial visits. There is insufficient evidence of functional improvement to warrant further visits. Therefore, this request is not medically necessary.