

Case Number:	CM14-0146245		
Date Assigned:	09/12/2014	Date of Injury:	11/18/1999
Decision Date:	10/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 50-year-old male with a 11/18/99 date of injury, and right rotator cuff repair in 2012. At the time (8/13/14) of request for authorization for 1 pre-op medical clearance with [REDACTED] and Prospective request for 12 post-op physical therapy sessions, there is documentation of subjective (bilateral shoulder pain) and objective (positive bilateral Neer's and Hawkin's test, positive right cross arm test, and decreased sensation on the right C5-C6 dermatomes) findings, current diagnoses (right shoulder hardware failure, right shoulder recurrent rotator cuff tear, left shoulder impingement/bursitis, and left shoulder partial rotator cuff tear), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-op medical clearance with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of right shoulder hardware failure, right shoulder recurrent rotator cuff tear, left shoulder impingement/bursitis, and left shoulder partial rotator cuff tear. However, there is no documentation of a pending surgery that is authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for 1 pre-op medical clearance with [REDACTED] is not medically necessary.

Prospective request for 12 post-op physical therapy sessions: 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): 247.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of diagnoses of right shoulder hardware failure, right shoulder recurrent rotator cuff tear, left shoulder impingement/bursitis, and left shoulder partial rotator cuff tear. In addition, given the requested 12 post-op physical therapy sessions, there is documentation that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. However, there is no documentation of a pending surgery that is authorized/certified. In addition, the requested number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 12 post-op physical therapy sessions is not medically necessary.