

Case Number:	CM14-0149362		
Date Assigned:	09/18/2014	Date of Injury:	06/27/2011
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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:

46 year old female with reported industrial injury of 6/27/11. Diagnosis includes cervical spine musculoligamentous sprain/strain, status post right shoulder arthroscopy and rotator cuff repair. Exam note from 7/31/14 demonstrates report of headaches and cervical spine pain. Exam demonstrates decreased range of motion in the cervical spine, tenderness to palpation noted at the right shoulder. Positive Jackson's axial compression test was noted bilaterally. Exam note 8/5/14 demonstrates reports of neck and shoulder pain. Exam notes tenderness in the right shoulder. Range of motion was noted to be at 90 degrees on forward flexion, 60 degrees of abduction, 80 degrees of adduction, 45 degrees for internal rotation and 45 degrees for external rotation. Records demonstrate that the patient has completed 24 visits of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x4: 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 allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks* Postsurgical physical medicine treatment period: 6 months In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence in the exam notes of 8/5/14 of functional improvement or reason why a home based program cannot be performed. Therefore the determination is for not medically necessary.