MAXIMUS Federal Services

Case Number:	CM14-0162488		
Date Assigned:	10/07/2014	Date of Injury:	07/17/2012
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 33-year-old female housekeeper/supervisor sustained an industrial injury on 6/17/12. Injury occurred while making a bed and pulling on the king-sized comforter. Past medical history was positive for recent weight loss, losing energy, chest pain, difficulty breathing, shortness of breath, night sweats, hair loss, current smoking, and anxiety/depression. Past surgical history was non-contributory. Records provided from 3/21/14 to 8/25/14 did not discuss conservative treatment or response. There was no evidence of a home program. The 7/12/14 right shoulder MRI impression documented a SLAP II tear of the superior labrum and small glenohumeral joint effusion. Findings documented a small Type I acromion with no significant narrowing of the supraspinatus outlet. Rotator cuff tendons and biceps tendon were intact. The 8/25/14 treating physician report cited constant grade 8/10 right shoulder pain radiating into the neck and entire right upper extremity. Right shoulder symptoms are worse with activity, pushing, pulling repetitive use, reaching overhead, and lifting. Right arm, wrist, and hand pain are describing and pain and numbness. She was taking Naprosyn with Ranitidine for pain management. Right shoulder exam documented anterolateral subacromial and lateral deltoid tenderness, acromioclavicular joint tenderness, positive supraspinatus sign, and positive impingement sign. There was no anterior or posterior laxity. Bilateral upper extremity motor and sensory exams were within normal limits. Right shoulder range of motion tending documented flexion 90, abduction 90, extension 10, adduction 20, external rotation 40, and internal rotation 15 degrees with crepitus. The treatment plan recommended right shoulder arthroscopy with coracoacromial ligament release, and extensive debridement. The 9/19/14 utilization review denied the request for post-op shoulder physical therapy 2x4 as the shoulder surgery was not medically necessary as there was no documentation of an adequate conservative treatment trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the postoperative right shoulder, 2 visits per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, there is no indication that the patient has been authorized for the requested right shoulder surgery. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted to support the medical necessity of surgery. Therefore, this request is not medically necessary.