

Case Number:	CM14-0163466		
Date Assigned:	10/08/2014	Date of Injury:	05/31/2012
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/04/2014

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 51 year old female claimant with an industrial injury dated 05/31/12. The patient is status post a right shoulder arthroscopy with subacromial decompression, coracoacromial ligament release, and extensive debridement of calcific tendinitis as of 12/18/13. Conservative treatments have included physical therapy, and medication. Exam note 07/24/14 states the patient returns with right shoulder pain, cervical pain, right arm pain, and right wrist pain. The patient rates the pain a 8-10/10. The patient explains experiencing a clicking, popping, stiffness, and swelling. The patient takes part in pool exercises and is improving gradually. She complains of paresthasias in the right 2, 3, and 4 digits. Upon physical exam there was tenderness of the anterolateral subacromial and lateral deltoid of the right shoulder. The impingement sign and supraspinatus sign tests were both positive. Range of motion had a flexion of 120', abduction of 115', extension of 30', external/internal rotation of 40' and adduction of 15'. Treatment includes additional physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 2 x 4 weeks, right shoulder for work hardening:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 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 there is insufficient evidence from the exam note of 7/24/14 of how many visits of therapy have been performed or what effect the therapy has had on the functional improvement of the claimant. There is insufficient evidence why a home based program cannot be performed to warrant further visits or work hardening. The request is not medically necessary and appropriate.