

Case Number:	CM14-0179117		
Date Assigned:	11/03/2014	Date of Injury:	09/20/2010
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopaedic 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 35-year-old male sustained an industrial injury on 9/20/10. Injury occurred relative to repetitive work activities as a welder. Past surgical history was positive for right shoulder distal clavicle resection, Superior Labrum Anterior and Posterior (SLAP) repair, decompression, and debridement of a partial thickness rotator cuff tear in April 2011. The patient underwent right shoulder arthroscopy, SLAP repair, debridement, platelet-rich plasma injection, and blood harvest on 4/16/14. The 7/29/14 treating physician report cited severe pain with vacuuming that had not improved. He had a positive Hawkin's test. A cortisone injection into the subacromial space was provided. The 8/25/14 physical therapy report noted completion of 26 post-op visits. Records documented a gradual improvement in range of motion and strength with physical therapy treatment. The 8/26 14 treating physician report indicated that patient was 5 months post-op with continued pain since vacuuming. He had a mild Neer and Hawkin's with tender Jobe's test. The posterior cuff and subscapularis were intact. He had painful O'Brien's with pronation and supination. The cortisone injection helped but he still had shoulder pain. An MR arthrogram was recommended to evaluate the repair. The 9/19/14 right shoulder MRI findings indicated that the superior labrum was blunted with susceptibility artifact from hardware limiting further evaluation of the superior labrum. There was some fraying. There was increased signal intensity which likely represented a small focal tear of posterior labrum. The 9/23/14 treating physician letter indicated that there was persistent tearing posteriorly on his MR arthrogram consistent with his pain and examination. He had failed conservative management and injection. Right shoulder arthroscopy and posterior stabilization with platelet-rich plasma injection was recommended. Post-op physical therapy 1 to 2 times per week for 6 weeks was requested. The 9/30/14 utilization review denied the right shoulder surgery as there were no physical exam findings of instability. The request for post-op physical therapy was denied as the surgery was

not medically necessary. There was no additional information provided relative to the requested surgery or indication that surgery had been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 1-2Wks, Right shoulder: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for arthroscopic shoulder surgery (Bankart repair) generally suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. Should the surgical request be found medically necessary, this request for 12 initial post-op physical therapy visits is consistent with guidelines and would be reasonable. However, records do not indicate that surgical criteria have been met for the requested surgical procedure. As the surgical request is not supported, this request is not medically necessary.