

Case Number:	CM14-0184851		
Date Assigned:	11/12/2014	Date of Injury:	10/10/2013
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 Minnesota. 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:

The injured worker is a 57 year old male who injured his right shoulder while pulling a heavy gate closed on 3/31/2012. His shoulder jammed and he felt immediate pain. An MRI scan of the right shoulder was performed on 12/31/2013 but the report is not available. He saw a physician in May 2014 but no conservative treatment is documented. He was then examined by the current orthopedic surgeon on October 14, 2014. His symptoms included lateral shoulder pain, decreased range of motion, stiffness, night pain, weakness, and popping. Past history of a left rotator cuff repair in 2012 is documented. Current medications included Norco and Percocet. On examination, impingement signs were absent. Supraspinatus strength was normal. Flexion was 160 degrees. Internal rotation was to T12 and external rotation was 10 degrees. Supraspinatus and infraspinatus strength was 5-/5. X-rays revealed mild narrowing of the joint space. A concurrent request for authorization of right shoulder arthroscopic synovectomy, debridement, and decompression is noted. The diagnosis of a Bankart lesion, joint pain, and recurrent dislocation is noted. The disputed issue pertains to a request for post-operative physical therapy for the right shoulder 2 x 6 which was denied by UR as there is no documentation that shoulder surgery has been certified as medically necessary. The MRI report is also not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the right shoulder, twice weekly for six weeks:
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): 27.

Decision rationale: The documentation provided does not indicate certification of the requested shoulder surgery as medically necessary. Therefore the request for Post-Operative Physical Therapy is not medically necessary at this time.