

Case Number:	CM14-0096879		
Date Assigned:	09/23/2014	Date of Injury:	06/03/1998
Decision Date:	10/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 New York. 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 patient has chronic right shoulder pain. She takes Motrin and Ultram. On physical examination she is reduced range of motion of the shoulder. She has tenderness over the acromioclavicular (AC) joint. She has pain with abduction of the shoulder. Her rotator cuff is weak in the supraspinalis. External rotation is normal. Patient continues to have shoulder pain despite conservative measures. She is at least 12 physical therapy visits without any relief of pain or any document increases her function. Surgery for the shoulder has been proposed. At issue is whether additional shoulder physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: This patient does not meet establish criteria for rotator cuff surgery. Specifically, there is no documented evidence of previous shoulder injection in the amount of relief the patient has had with previous shoulder injection. Also imaging studies do not

document complete rotator cuff tear. Since this patient has not had an adequate trial of conservative measures to include cortisone injection into the shoulder, coupled with the fact that the patient's physical examination does not clearly document significant loss of motion of complete rotator cuff tear, shoulder surgery is not medically necessary at this time. The shoulder surgery is not medically necessary at this time therefore postoperative shoulder visits are not medically needed.