

Case Number:	CM13-0065411		
Date Assigned:	01/03/2014	Date of Injury:	10/23/2012
Decision Date:	03/30/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 is a 56 year old female who was injured on 10/23/2012. The patient began to feel numbness in her hands that is attributed to repetitive motions of cutting while at work, which would consist of at least two hours out of her work day. Her diagnoses include sprain/strain cervical spine, impingement syndrome, rotator cuff tendinosis, right shoulder, rotator cuff tear right shoulder, status post right shoulder arthroscopy, SAD, and debridement of partial rotator cuff. Diagnostic studies reviewed include a CT scan of the cervical spine dated 02/14/2013 revealing no disc herniation, spinal canal stenosis or neural foraminal narrowing. An MRI of the right shoulder dated 05/17/2013 reveals a complete tear of supraspinatus tendon with 8 mm tendinous retraction. There was also infraspinatus tendinitis and acromioclavicular osteoarthritis. PR-2 dated 11/26/2013 documented the patient to have complaints of intermittent to frequent flare-ups of pain about her right shoulder that patient states is a level 4 to 5 on pain scale. She is now going to physical therapy which has significantly helped her right shoulder feel and move better. Her right shoulder pain has been exacerbated with repetitive overhead work and with prolonged driving. Objective findings on exam reveal tenderness noted over the anterior capsule about her right shoulder region. Active range of motion of the right shoulder revealed: Flexion 145 degrees, abduction 145 degrees, internal rotation 65 degrees and external rotation 85 degrees. Increased right shoulder pain was reported upon the extremes of flexion, abduction and internal rotation. Residual weakness about her right shoulder was noted upon flexion, abduction and internal rotation. The treating provider has requested additional post-op physical therapy 2 x week for 4 weeks for the cervical spine.

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 TWO TIMES A WEEK FOR FOUR WEEKS FOR THE CERVICAL SPINE: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Rotator cuff syndrome/Impingement syndrome

Decision rationale: According to the ODG/CA MTUS guidelines, postsurgical physical therapy of impingement syndrome and repair of RTC tear arthroscopy is recommended for 24 visits over 14 weeks. The medical records document underwent right shoulder arthroscopy which was dated 9/19/2013, the patient had several sessions of physical therapy approximately 8-16 and chiropractic therapy. Functional improvement has been documented with therapy but further strengthening is required. The request is for a home exercise program in conjunction with 8 additional sessions which at her age is medically appropriate to improve ROM and strength. Medical necessity for the requested service has been established. The requested service is medically necessary.