

Case Number:	CM14-0210086		
Date Assigned:	12/23/2014	Date of Injury:	03/06/2014
Decision Date:	02/19/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 62-year-old male who reported an injury on 03/06/2014. The mechanism of injury was not provided. His diagnoses were noted as bicipital tenosynovitis, disorder of bursa of shoulder region localized, primary osteoarthritis of the shoulder region, and strain of supraspinatus muscle and/or tendon. His past treatment was noted to include physical therapy, home exercise program, medication, topical cream, activity modification, and rest. His diagnostic studies were not provided for review. His surgical history is noted to include right shoulder arthroscopic rotator cuff repair, open subpectoral tenodesis of the long head of the biceps tendon, arthroscopic distal clavicle excision, arthroscopic limited debridement of superior labral, anterior to the posterior tear and subscapularis partial thickness tear, arthroscopic subacromial decompression performed on 06/19/2014. During the assessment on 11/17/2014, the injured worker complained of muscle aches, muscle weakness, and arthralgias/joint pain, but reported no back pain and no swelling in the extremities. The physical examination revealed active and passive range of motion of 170 degrees, external rotation of 70 degrees, internal rotation is to T12. Supraspinatus strength was 5/5. The biceps contour was normal. His current medications were noted to include Aciphex, bupropion HCL SR 150 mg, calcium 500 mg, calcium magnesium, topical analgesic, fish oil, lovastatin, vitamin B12, vitamin C, vitamin D3, and vitamin B complex. The treatment plan and rationale were not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy 6 visits for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional postoperative physical therapy 6 visits for the right shoulder is not medically necessary. The California MTUS Guidelines recommend up to 24 visits over 14 weeks for postsurgical treatment of rotator cuff syndrome/impingement syndrome. The injured worker was noted to have completed 36 postoperative physical therapy sessions since surgery. The requested 6 visits exceeds guideline recommendations. There was a lack of adequate information regarding whether or not the injured worker had benefitted from the past physical therapy visits, or if there were any functional improvements made. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, such as range of motion and motor strength that would support the request for additional physical therapy. Given the above, the request is not medically necessary.