

Case Number:	CM14-0210137		
Date Assigned:	12/23/2014	Date of Injury:	06/08/2010
Decision Date:	02/23/2015	UR Denial Date:	12/12/2014
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 patient is a 51-year-old female who reported an injury on 06/08/2010. The mechanism of injury was not provided for review. Her diagnoses were noted to include left shoulder pain, right shoulder pain, and rotator cuff tendonitis, left acute wrist tendinitis, and carpal tunnel syndrome. Her other therapies were noted to include physical therapy, home exercise program, activity modification, trials of antidepressants, muscle relaxants, and pain medication. Diagnostic studies were noted to include an MRI of the right shoulder performed on 08/29/2014 noted to reveal a full thickness rotator cuff tear that measured approximately 1.5 cm in the AP direction. There is a lateralized acromion. There is also moderate AC joint hypertrophy. Her surgical history was noted to include surgery to the left shoulder, performed on 01/25/2012, and carpal tunnel release in 2010. Her most recent clinical note, dated 11/11/2014, noted that the injured worker had multiple areas of discomfort with regard to her shoulder. She reported pain with the use of the arm in flexion, extension, and attempts at overhead use, as well as repetitive gripping and grasping. The injured worker had difficulty lying on the right side. Pain on palpation of the subacromial space and distal clavicle was noted. Discomfort on palpation of the AC joint was also noted. The injured worker had increased pain with flexion to 160 degrees, abduction 70 degrees, and external rotation 60 degrees. The impingement sign was positive in the Hawkins position. In the left shoulder, there was mild pain on palpation over the rotator cuff/subacromial space. There was slight discomfort in the left wrist with Finkelstein testing. It was noted that the injured worker was seen by an orthopedist who provided a report of 09/30/2014 discussing the injured worker's right shoulder. Surgery was ultimately recommended. The injured worker

indicated surgery had been requested. Her current medications were noted to include Norco 10/325 mg. The rationale for the request was not provided for review. A 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:

Initial Post-Operative Therapy 24 Visits unspecified frequency, 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): 27.

Decision rationale: The request for initial post-operative therapy 24 visits unspecified frequency, right shoulder is not medically necessary. Within the documentation provided for review, there was a previous adverse determination where the review did not certify the request for rotator cuff repair of the right shoulder, distal clavicle excision of the right shoulder, and initial postoperative physical therapy evaluation of the right shoulder. The documentation provided for review lacked evidence of the surgical procedure was approved. Additionally, the number of requested visits exceed guideline recommendations for total duration of care. An initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Therefore, the request for initial post-op therapy 24 visits unspecified frequency, right shoulder is not medically necessary.