MAXIMUS Federal Services

Case Number:	CM14-0212776		
Date Assigned:	12/30/2014	Date of Injury:	05/18/2012
Decision Date:	03/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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 49-year-old male who reported an injury on 05/18/2012. The mechanism of injury was not provided. His diagnoses included rotator cuff syndrome of shoulder and allied disorders, pain in joint shoulder region, and rotator cuff (capsule) sprain and strain. His past treatments were noted to include physical therapy, injections, abduction pillow, and surgery. An MRI of the left shoulder performed on 03/21/2014, which was noted to reveal degenerative changes at the left acromioclavicular joint with mild mass effect upon the adjacent soft tissue contributing to impingement, small partial thickness tear of the distal left supraspinatus tendon with also tendinosis of the remainder of the supraspinatus tendon and mild tendinosis of the infraspinatus tendon, small superior left paralabral cyst with probable tear of the adjacent glenoid labrum and degenerative changes of the left glenohumeral joint. His surgical history was noted as a right shoulder subacromial decompression and biceps tenodesis performed on 03/26/2014. During the assessment on 10/09/2014, the injured worker complained of pain in the AC joint affected by activities and affecting his sleep at night. The physical examination of the left shoulder revealed tenderness in the acromioclavicular joint. It was noted that there were palpable osteophytes and some crepitus with range of motion. The active compression test caused marked pain referable to the acromioclavicular joint. There was evidence of some rotator cuff irritability with some discomfort with rotation in an abducted position and some pain with testing of the supraspinatus. His medication list was not provided. The treatment plan was to undergo a left shoulder arthroscopy and limited subacromial decompression with distal clavicle excision. The rationale for the requested 18 initial postoperative physical therapy visits for the

left shoulder was 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:

18 Initial Post-Operative Physical Therapy x 18 visits for the left shoulder, as outpatient: 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 request for 18 initial postoperative physical therapy x18 visits for the left shoulder as outpatient is not medically necessary. The California MTUS Guidelines recommend up to 24 visits over 14 weeks for postsurgical physical therapy treatment for impingement syndrome. However, the clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. There was a lack of documentation indicating that the injured worker had undergone left shoulder surgery to support the request for postoperative physical therapy. Given the above, the request is not medically necessary.