

Case Number:	CM15-0013426		
Date Assigned:	02/02/2015	Date of Injury:	08/24/2011
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/23/2015

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

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 54-year old female, who sustained an industrial injury on 08/24/2011. The diagnoses have included spondylosis cervical joint without myelopathy, myofascial tender points, right rotator cuff syndrome, and right shoulder/trapezius muscle strain. Treatments to date have included epidural steroid injection, physical therapy, and medications. Diagnostics to date have included right and left shoulder x-rays are noted as unremarkable and cervical spine x-rays show some osteophytes and some narrowing at C5-6 and C6-7. MRI of the rights shoulder on 03/11/2013 showed tendinosis with low-grade tear of the supraspinatus tendon, infraspinatus tendinosis without discrete tendon tear, and moderate osteoarthritis at the acromioclavicular joint. In a progress note dated 01/09/2015, the injured worker presented with complaints of right shoulder injury, no change. The treating physician reported the injured worker is status post right shoulder rotator cuff surgery on 08/12/2014 and continues with some right shoulder discomfort and worsening stiffness. Utilization Review determination on 01/19/2015 modified the request for Additional Post-operative Physical therapy visits for the right shoulder, Quantity: 12.00 to Additional Post-operative Physical therapy visits for the right shoulder, Quantity: 3.00citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post-Operative Physical Therapy Visits for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. In this case, the claimant is status post rotator cuff surgery on 8/12/14. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits based upon the exam note of 1/9/15. Therefore the determination is for non-certification.