

Case Number:	CM14-0150402		
Date Assigned:	09/19/2014	Date of Injury:	09/08/2011
Decision Date:	11/05/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant has a reported industrial date of injury of 9/8/11. MRI right shoulder from 3/6/14 demonstrates acromioclavicular osteoarthritis and bicipital tenosynovitis. Exam from 7/18/14 demonstrates claimant with right shoulder pain and weakness. Pain is worse with overhead activities. Patient has tried physical therapy and provider reports this has failed. Exam demonstrates 4/5 strength with 150 degrees of flexion, 30 degrees of extension, abduction of 40 degrees, internal rotation of 70 degrees and external rotation of 70 degrees. Exam note from 8/15/14 demonstrates unchanged pain and examination. Request is made for right shoulder diagnostic arthroscopy, subacromial decompression, distal clavicle excision, possible synovectomy, labral repair and rotator cuff repair with unspecified postoperative physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure (post-op physical therapy right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, there is an unspecified amount of postoperative therapy visits requested. Therefore the request is not medically necessary.