

Case Number:	CM14-0139503		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2007
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 Surgeon and is licensed to practice in Texas and Colorado. 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:

The injured worker is a 52-year-old male who reported an injury on 12/12/2007, caused by an unspecified mechanism. The injured worker's treatment history included medications, cortisone injections, and surgery. On 08/11/2014, it was documented that the injured worker was there for a follow-up of his bilateral shoulders. He was 4 and a half months out from his right shoulder manipulation under anesthesia with arthroscopic lysis of adhesions and decompression and debridement, left shoulder manipulation under anesthesia with arthroscopic lysis of adhesions and cortisone injection. He was still struggling with both shoulders. On examination, he forward elevates both to about 110 degrees, externally rotates both to about 20 degrees and internally rotates both to the buttock level. It was documented that the injured worker had 4 visits of postop physical therapy for the right shoulder. The physical therapy appointments were from 04/24/2014 to 07/25/2014. The injured worker was evaluated on 07/25/2014 and it was documented that the injured worker range of motion flexion for the right shoulder was 145 degrees, abduction was 115 degrees, external rotation was 55 degrees, and HBB T12, PROM was within normal limits. It was documented the injured worker continued to have steady gains in range of motion and strength. He continued to have difficulty, time with inflammation control, and feels "flare-ups" with new attempted activities and more vigorous tasks such as weed eating in his yard. He had palpable swelling noted at the AC joint. No capsular restrictions were demonstrated during passive motion. Active range of motion seemed to be more limited by pain than strength. He has been able to progress well and to resisted elevation in supine with the theraband through full range of motion. Authorization was not submitted for this review. Diagnoses included status post left shoulder manipulation under anesthesia. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy times 12 for right and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 26.

Decision rationale: The request for Post-OP Physical times 12 for right and left shoulder is not medically necessary. Post -Surgical Treatment Guidelines state that "Postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision of this section. For all surgeries not covered by these guidelines the postsurgical physical medicine period is six (6) months. Treatment for Adhesive capsulitis is 24 visits over 14 weeks no more than 6 months of post-surgical medicine treatment. The documentation submitted indicated the injured worker has already had 24 visits post-surgical treatment for the right shoulder. However, the documents failed to indicate the injured worker having surgery on his left shoulder. As such, the request will exceed recommended amount of visits. The request is not medically necessary.