

Case Number:	CM14-0169361		
Date Assigned:	10/17/2014	Date of Injury:	07/03/2013
Decision Date:	11/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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:

A 45-year-old male claimant with an industrial injury dated 07/03/13. The patient is status post an arthroscopic resection of coracoacromial tendon and subdeltoid bursectomy with glenohumeral synovectomy and Mumford repair with labral debridement as of 07/23/14. Conservative treatments include physical therapy in which did improve the patient's loss of full range of motion. Exam note 06/18/14 states the patient returns with left shoulder pain. After physical exam it is noted the patient is not a candidate for a corticosteroid injection due to the potential life risks. MRI reveals bilateral shoulder degenerative disease. Diagnosis is noted as global stiffness of the left shoulder, a left shoulder posterior labral tear, secondary impingement and adhesive capsulitis of the left shoulder, impingement with bursitis, and a labral tear. Treatment includes a left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left shoulder x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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. There is insufficient evidence in the exam note 6/18/14 of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is not medically necessary.