

Case Number:	CM14-0168931		
Date Assigned:	10/17/2014	Date of Injury:	12/20/2012
Decision Date:	04/06/2015	UR Denial Date:	10/02/2014
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. 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: Illinois, California, Texas
 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 62-year-old male who sustained an industrial injury on 12/20/12, relative to a slip and fall off a ladder. He sustained injuries to the low back, left knee, and both shoulders. The 1/30/14 treating physician report documented knee x-rays with tricompartmental osteoarthritis and a varus deformity. Shoulder x-rays showed acromioclavicular joint osteoarthritis. The right shoulder MRI showed rotator cuff tendonitis with no tears, and degeneration of the labrum with some tearing inferiorly. He underwent a total knee replacement on 3/19/14, and completed the prescribed post-operative course of physical therapy rehabilitation. The 7/17/14 treating physician report indicated that the patient was very happy with his left knee but both shoulders continued to bother him. Physical exam documented full range of motion, positive impingement signs, rotator cuff weakness, and tenderness over the biceps tendons bilaterally. The diagnosis included shoulder impingement syndrome. The treatment plan recommended shoulder arthroscopy with subacromial decompression, beginning with the right shoulder. The 9/22/14 treating physician report cited right shoulder pain and worsening symptoms. The current medications included Ibuprofen and Prilosec. Physical exam revealed decreased right shoulder active range of motion, tenderness over the biceps tendon in the groove, and positive apprehension, relocation and impingement signs. Treatment was for right shoulder arthroscopy and likely rotator cuff repair. On 10/2/14, utilization review non-certified a request for associated surgical service: post-operative physical therapy 2 times a week for 6 weeks, noting the (MTUS) Medical Treatment Utilization Schedule Post-Surgical

Treatment Guidelines. There is no evidence in the file that the surgery has been found medically necessary, based on an absence of documented conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post operative physical therapy 2 times a week for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This appears to be the initial request for post-operative physical therapy relative to the requested shoulder surgery. Although this request would be consistent with guidelines, the associated surgical procedure has not been found medically necessary. Therefore, this request is not medically necessary.