

Case Number:	CM14-0184563		
Date Assigned:	11/12/2014	Date of Injury:	10/10/2013
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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:

48 year old female with reported industrial injury on 10/10/13. Claimant is status post on 2/24/14 left shoulder arthroscopy with supraspinatus repair and biceps tenodesis. Exam note 6/6/14 demonstrates range of motion is improving. Exam demonstrates forward flexion of 130 degrees, supraspinatus testing is noted to be 4/5. Exam note from 9/25/14 demonstrates increasing pain in the shoulder and loss of range of motion despite 36 visits of physical therapy. Objective findings include 4/5 supraspinatus resistance testing. Tenderness is noted over the anterosuperior cuff biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy two (2) times a week for six (6) weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS 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: Postsurgical

treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsThe 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 the request exceeds the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.