

Case Number:	CM14-0205862		
Date Assigned:	12/17/2014	Date of Injury:	04/08/2014
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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:

49 year old male with reported industrial injury 4/8/14. Exam note 9/29/14 demonstrates claimant is one month status post left shoulder arthroscopy with debridement of glenohumeral joint, Bankart repair and subacromial decompression 8/21/14. Exam demonstrates passive range of motion is 35-100 degrees. Exam note 11/17/14 demonstrates that there is tenderness to palpation, generalized swelling and passive range of motion of 0-90 degrees. Assessment is the claimant has a frozen shoulder. Request is made for manipulation of shoulder under anesthesia with postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-op physical therapy to the left shoulder, 21 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation Under Anesthesia (MUA)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Postsurgical treatment of 24 visits over 14 weeks for treatment period of 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, the request exceeds the 12 visits initially recommended. Therefore, this request is not medically necessary.