

Case Number:	CM14-0041909		
Date Assigned:	06/30/2014	Date of Injury:	05/09/2012
Decision Date:	04/10/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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: Minnesota, Florida
 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 60-year-old male, who sustained an industrial injury reported on 5/9/2012 versus 9/20/2012. He has reported persistent right shoulder pain. The diagnoses were noted to include impingement syndrome of the right shoulder, labral tear, and symptomatic acromioclavicular joint arthritis. Treatments to date have included consultations; diagnostic imaging studies; cortisone injection therapy; 2 arthroscopic surgical procedures, the last one on 3/13/2014 consisting of arthroscopic debridement and Mumford procedure. Prior arthroscopic surgery had included biceps tenodesis. Arthritic changes were found in the glenohumeral joint. The work status classification for this injured worker (IW) was noted to be temporary total disability. On 3/19/2014, Utilization Review (UR) modified, for medical necessity, the request, made on 3/12/2014, for post-operative physical therapy treatment to the right shoulder, 18 sessions - 3 x a week x 6 weeks - to 12 sessions - 3 x a week x 4 weeks. The Medical Treatment Utilization Schedule, post-surgical treatment guidelines, shoulder complaints, post-surgical treatment - arthroscopic, post-surgical physical medicine treatment, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy treatment to right shoulder for 18 sessions, 3 times weekly for 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one-half of these visits which is 12. Then after documentation of continuing objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. The physical therapy may be continued up to a maximum period of 6 months. The request as stated is for 18 visits of initial therapy. This exceeds the guideline recommendation of 12 visits and as such, the medical necessity of the request for physical therapy, 3 times a week for 6 weeks for the right shoulder has not been substantiated.