

Case Number:	CM14-0046345		
Date Assigned:	07/02/2014	Date of Injury:	12/16/2007
Decision Date:	05/01/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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: California

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 male, who sustained an industrial injury on 12/16/07. The injured worker was diagnosed as having brittle diabetes, chronic left frozen shoulder with underlying partial rotator cuff tendon tears and frozen right shoulder. Treatment to date has included status post arthroscopy of left shoulder with subacromial decompression and manipulation. (MRI) magnetic resonance imaging of left shoulder was performed on 2/24/14. Exam note from 9/16/13 demonstrates patient is status post left shoulder arthroscopy with bilateral frozen shoulders. Currently, the injured worker complains of continuation of left shoulder problems. The injured worker feels he is doing better and the treatment plan is to proceed with left shoulder arthroscopy, capsulectomy and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 POST-OPERATIVE PHYSICAL THERAPY SESSIONS, 2 times a week for 4 weeks, LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder/Physical Therapy.

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: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months. In this case the request is the recommended initial 1/2 visits allowed, or 12 visits. Therefore the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.