

Case Number:	CM14-0060276		
Date Assigned:	07/09/2014	Date of Injury:	06/15/2011
Decision Date:	01/05/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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:

The claimant has a reported industrial injury date of 6/15/11. The claimant is status post left shoulder surgery on October 2013. The records reveal the claimant has completed 18 sessions of physical therapy in 2013 and one additional physical therapy session in 2014. Exam note from January 6, 2014 and March 10, 2014 demonstrates multiple diagnoses including cervical disc syndrome, bilateral rotator cuff partial tear status post left shoulder arthroscopy and left shoulder adhesive capsulitis and possible radiculitis. Exam note from March 10, 2014 demonstrates left shoulder flexion and abduction at 60 degrees and left shoulder strength is 5 minus to 5 out of 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for eight (8) weeks for a total of twenty-four (24) visits: Upheld

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

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

Decision rationale: Per the California MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months In this case the request of 24 additional visits 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, this request is not medically necessary.