

<b>Case Number:</b>	CM15-0003750		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 66 year old male, who sustained an industrial injury on 06/14/2010. The diagnoses have included chronic cuff arthropathy with a failed total shoulder replacement. Treatments to date have included multiple shoulder surgeries, postoperative physical therapy, injections, and medications. Diagnostics to date have included shoulder x-rays which revealed a total shoulder that appears to have slightly migrated proximally as well as anteriorly without evidence of loosening. In a progress note dated 11/14/2014, the injured worker presented with complaints of right shoulder pain. The treating physician reported that surgery is recommended in the form of a revision of the total shoulder to a reverse total shoulder replacement as a result of the severe stiffness and poor function. Utilization Review determination on 12/24/2014 non-certified the request for 18 postsurgical physical therapy sessions to the right shoulder 2-3 times a week for 6 weeks citing Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 18 post-surgical physical therapy sessions to the right shoulder; 2-3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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: Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified)(ICD9 714.0; 715; 715.9; 716.9):Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 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. As the request for 18 exceeds the initial 12 recommended, the determination is for non-certification.