

Case Number:	CM15-0007026		
Date Assigned:	01/26/2015	Date of Injury:	02/26/2010
Decision Date:	03/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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 53 year old male, who sustained an industrial injury on 2/26/10. He has reported right shoulder injury. The diagnoses have included majuscule disuse atrophy, rotator cuff syndrome and other affections of shoulder. Treatment to date has included physical therapy, medications and steroid injections for 3 years. (MRI) magnetic resonance imaging of right shoulder performed on 8/12/14 revealed moderate rotator cuff tendinosis and (MRI) magnetic resonance imaging of cervical spine revealed mild disc bulging at C4-5, C5-6, C6-7 and C7-T1. Nerve conduction studies revealed abnormally prolonged peak latency of sensory nerve action and normal study of compound motor action. Currently, the IW complains of ongoing right shoulder pain, achy and sharp with intermittent radiation to right elbow. Physical exam revealed right side with weakness grip strength. It is noted that conservative measures have provided only temporary pain relief. On 12/9/14 Utilization Review submitted a modified certification for postoperative right shoulder physical therapy (16) visits to (12) visits, noting an initial course of therapy means one half of the number of visits specified in the general course of therapy for specific surgery. The MTUS, ACOEM Guidelines was cited. On 1/6/15, the injured worker submitted an application for IMR for review of postoperative right shoulder physical therapy (16 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Right Shoulder Physical Therapy (16 sessions, 2 times a week for 8 weeks):
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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: 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. 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 16 requested exceeds the 12 recommended. Therefore the determination is for noncertification.