

Case Number:	CM15-0008454		
Date Assigned:	01/26/2015	Date of Injury:	07/12/2012
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 07/12/2012. It was noted that the injured worker had undergone an MRI of the left shoulder on 11/20/2014 that indicated there was mild supraspinatus and infraspinatus tendinosis with moderate to severe degeneration of the biceps tendon and labral complex without discrete tear of the superior labrum. The mechanism of injury was not provided. The injured worker's treatment history included multiple medications, activity modifications, chiropractic care, and a TENS unit. The injured worker failed to respond to conservative treatment. The injured worker was evaluated on 12/04/2014. Physical findings at that appointment included a positive impingement sign with pain over the acromioclavicular joint and pain with weakness to supraspinatus testing. The injured worker's treatment plan included surgical intervention as the injured worker had failed to respond to conservative treatment. A Request for Authorization was submitted for left shoulder surgery, postoperative physical therapy x24 weeks, and cryotherapy rental unit for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post-Op physical therapy sessions: Upheld

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

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

Decision rationale: The requested 24 postoperative physical therapy sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend up to 24 postoperative therapy visits following impingement syndrome surgery. However, California Medical Treatment Utilization Schedule also recommends an initial course of treatment to support continuation of postoperative physical therapy treatment. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 24 postoperative physical therapy sessions are not medically necessary or appropriate.