

Case Number:	CM15-0102941		
Date Assigned:	06/05/2015	Date of Injury:	12/02/2014
Decision Date:	07/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, Oregon
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 72 year old male injured worker suffered an industrial injury on 12/02/2014. The diagnoses included right shoulder complex reconstruction. The diagnostics included shoulder x-rays. The injured worker had been treated with right shoulder arthroscopy, medications and physical therapy. On 4/20/2015, the treating provider reported the injured worker was 4 months past right shoulder complex reconstruction. He had stiffness and mild discomfort with limited range of motion. The treatment plan included Physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates surgical service: Physical therapy for the right shoulder, 2 times weekly for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function (page 114).

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 Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the exam note from 4/20/15 does not demonstrate clear functional improvements expected for additional therapies beyond the guideline recommendations. Therefore, the request is not medically necessary.