

Case Number:	CM15-0105779		
Date Assigned:	06/10/2015	Date of Injury:	06/24/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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 50 year old male, who sustained an industrial injury on June 24, 2013. The mechanism of injury was not provided. The injured worker has been treated for left shoulder complaints. The diagnoses have included left shoulder pain and left lateral epicondylitis. Treatment to date has included medications, radiological studies, MRI, injections, physical therapy and left shoulder surgery. Current documentation dated May 11, 2015 notes that the injured worker reported increasing pain in the left shoulder with radiation to the biceps. Examination of the left shoulder revealed tenderness over the left shoulder acromioclavicular joint with a full range of motion and no instability. The treating physician's plan of care included a request for post-operative occupational therapy services two times a week for three weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy 2 x 3 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks.

Decision rationale: Review indicates the patient underwent left shoulder arthroscopy with acromioplasty on 9/10/14 with subsequent two shoulder injections. The patient continues to pain symptoms and has not worked. Repeat MRI of left shoulder on 3/16/15 showed postoperative changes without any rotator cuff tear. There was request for arthroscopic shoulder revision with initial half with 6 post-op therapy visits which is medically appropriate; however, review indicates the surgical request was not authorized; thereby, the post-op OT is not indicated. The Post-op occupational therapy 2 x 3 for the left shoulder is not medically necessary and appropriate.