

Case Number:	CM15-0160924		
Date Assigned:	08/27/2015	Date of Injury:	06/02/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon, Washington
 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 57-year-old female who sustained an industrial-work injury on 6-2-14. She reported an initial complaint of pain in the shoulder. The injured worker was diagnosed as having status post right shoulder arthroscopy with capsular release and history of right shoulder rotator cuff repair, right shoulder manipulation under anesthesia. Treatment to date includes medication, surgery, and home stretching program, sling, and physical therapy. MRI results were reported on 8-19-14. Currently, the injured worker complained of overhead elevation, weakness, and right shoulder pain. Per the primary physician's report (PR-2) on 7-2-15, exam noted well healed surgical incision, AROM (active range of motion) was slightly improved, PROM (passive range of motion) was 170 degrees in elevation, external rotation and abduction was almost 90 degrees, internal rotation and abduction was 40 degrees, and external rotation and adduction was 15-20 degrees, rotator cuff strength was 5 out of 5, gait and station was normal. On 7-20-15 visit, there was some improvement with overhead movement. There was still limited motion and strength. The requested treatments include post-op PT (physical therapy) twice weekly to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op PT Twice Weekly Right Shoulder Qty 12: Upheld

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

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. 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 claimant has been to PT 14 times between 1/2015 and 5/2015. With these 14 PT visits, the requested 12 additional visits have exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is not medically necessary.