

Case Number:	CM15-0161316		
Date Assigned:	08/28/2015	Date of Injury:	03/16/2013
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 injury on 3-16-13. The diagnoses have included left shoulder impingement syndrome and status post left shoulder acromioplasty bursectomy debridement of left anterior labral. Treatment to date has included medications, activity modifications, physical therapy, injections and other modalities. Currently, as per the physician progress note dated 7-15-15, the injured worker complains of ongoing left shoulder pain rated 4 out of 10 on the pain scale with medications and increases to 6 out of 10 without medication. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder dated 10-4-14 that reveals partial thickness tear of the tendon, fluid in the subacromial space, and subchondral cysts within the humeral head. The current medications included Vicodin. The objective findings-physical exam of the shoulders reveals that there is tenderness over the left acromioclavicular joint (AC) with abduction to 92 degrees. The range of motion in the left shoulder with flexion is 110 degrees, internal rotation is 90 degrees and external rotation is 36 degrees. The physician noted that a left shoulder steroid injection was administered and tolerated well by the injured worker. Work status is temporarily partially disabled. The physician requested treatment included Postoperative physiotherapy 3 times a week for 6 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:

Postoperative physiotherapy 3 times a week for 6 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: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 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. Day of surgery was 2/7/15. Per the clinical note from 6/10/15, the patient completed 12 approved PT visits postoperatively. In this case, the claimant has already completed 12 postoperative PT visits. The current request of 18 additional PT visits will exceed the maximum amount of visits allowed. Therefore, the determination is not medically necessary.