

<b>Case Number:</b>	CM15-0185046		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 70 year old male who sustained an industrial injury 02-18-14. A review of the medical records reveals the injured worker is undergoing treatment for supraspinatus tear and biceps tear, subacromial impingement with type 3 acromion and subacromial spurring, and compensatory tendinitis of the elbow and wrist. Medical records (08-11-15) reveal the injured worker complains of tight shoulder pain rated at 7-8/10 and right elbow pain rated at 2-3/10 without medications. Other complaints include anxiety, depression, stress, and insomnia. The physical exam (08-11-15) reveals right shoulder acromioclavicular joint tenderness, painful reduced motion with full forward flexion and endpoint tenderness. Pain is present for 30 degrees of external rotation. Prior treatment includes injections and physical therapy. The treating provider reports the supraspinatus tear and biceps tear are MRI proven. The original utilization review (08-26-15) non certified the request for transportation and post-operative physical therapy 30 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative rehabilitative physical therapy 30 visits Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks; Postsurgical physical medicine treatment period: 6 months; Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months; Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks; Postsurgical physical medicine treatment period: 6 months; Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Postsurgical treatment: 20 visits over 10 weeks; Postsurgical physical medicine treatment period: 6 months; Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks; Postsurgical physical medicine treatment period: 6 months; Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months; Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months; Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months; Postsurgical treatment, open: 30 visits over 18 weeks; Postsurgical physical medicine treatment period: 6 months; 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. In this case, the days requested exceeds the initial course of therapy. Therefore, the request is not medically necessary.

**Transportation Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam note from 8/11/15 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, the request is not medically necessary.