

Case Number:	CM15-0194729		
Date Assigned:	10/08/2015	Date of Injury:	06/25/2003
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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 51-year-old male, who sustained an industrial injury on 6-25-03. The injured worker is being treated for left shoulder impingement syndrome, left shoulder recurrent impingement syndrome with partial thickness rotator cuff tendon tear, labrum tear status post left shoulder arthroscopy and residual left shoulder rotator cuff tendon tear with possible SLAP II tear. Treatment to date has included left shoulder arthroscopic surgery (1-2014), 28 post-operative physical therapy sessions (no documentation of improvement), home exercise program, oral medications and activity modifications. On 8-13-15, the injured worker complains of constant pain in left shoulder radiating to left collarbone area with numbness and tingling in left fingers, difficulty gripping and grasping with left hand and popping of left shoulder with certain movements. He notes he pain is decreased with medications and warm showers. He is currently unemployed. Physical exam on 8-13-15 revealed tenderness of biceps and healed scars with restricted range of motion. The treatment plan included request for authorization for left shoulder diagnostic arthroscopy with surgical assistant, Percocet 5-325mg #60, Norco 5-325mg #30 and 24 physical therapy sessions. On 10-2-15 request for 24 post-op physical therapy sessions was modified to 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy, twice a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009.

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

Decision rationale: 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. The guidelines recommend an "initial course of therapy" to mean one half of the total number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. In this case the requested number of visits exceed the recommended initial course of therapy and thus the determination is not medically necessary.