

Case Number:	CM15-0024819		
Date Assigned:	02/17/2015	Date of Injury:	02/13/2014
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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: Illinois, California, Texas
 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 55-year-old male, who sustained an industrial injury on 2/13/14. The patient underwent left shoulder arthroscopy with lysis of adhesions, manipulation under anesthesia, and rotator cuff repair on 5/27/14. The 11/26/14 left shoulder MRI impression documented a focal mid-grade partial thickness supraspinatus tear with mild acromioclavicular joint hypertrophy with minimal impression on the underlying supraspinatus tendon and body. The 12/19/14 treating physician report cited continued left shoulder stiffness. Physical exam documented active shoulder range of motion as 120 degrees elevation, 90 degrees abduction, 40 degrees external rotation, and internal rotation to L1, with pain at all end-range motions. There was no significant passive motion beyond his active limits. There was 4+/5 rotator cuff strength. The treatment plan recommended arthroscopy for lysis of adhesions and manipulation under anesthesia, followed by immediate post-operative therapy and continuous passive motion. On 1/8/15, Utilization Review non-certified postoperative physical therapy 1x10 days for the left shoulder as the surgery was not found medically necessary, noting the CA MTUS Guidelines. On 2/9/15, the injured worker submitted an application for Independent Medical Review for review of postoperative physical therapy 1x10 days for the left shoulder. Records indicate that surgery has now been found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy for the left shoulder, once weekly for ten days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request for 10 initial post-op physical therapy visits is consistent with guidelines. Therefore, this request is medically necessary.