

Case Number:	CM15-0026906		
Date Assigned:	02/19/2015	Date of Injury:	12/16/2013
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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 47-year-old male who sustained an industrial injury on 12/16/13. Injury occurred while he was forcibly removing a stuck air filter. Initial conservative treatment included anti-inflammatory medications, muscle relaxants, and activity modification. The 8/13/14 left shoulder MRI impression documented minimal tendinosis of the supraspinatus tendon, with no rotator cuff tear. There was a type II acromion without significant narrowing of the coracoacromial arch. There was a mild amount of fluid in the subacromial/subdeltoid bursa, likely representing a bursitis. The 8/28/14 electrodiagnostic study findings were consistent with left carpal tunnel syndrome. The 12/18/14 treating physician report cited left shoulder pain. The patient was frustrated regarding the denial of the corticosteroid injection under ultrasound guidance and wanted to just skip the injection and undergo surgery. Left shoulder exam documented positive arc sign, and positive Neer's, Hawkins and Apley's cross arm tests. There is gross weakness of the rotator cuff musculature. There is clicking coming from the acromioclavicular joint. There is tenderness along the superolateral aspect of the shoulder in bursal extension and over the rotator cuff. The treatment plan recommended left shoulder arthroscopy with subacromial decompression, extensive debridement, distal clavicle resection, and coracoacromial ligament resection, with associated surgical requests, including 12 sessions of post-op physical therapy. On 01/30/2015 Utilization Review non-certified the request for post-op physical therapy 3 x 4 and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM), and

Official Disability Guidelines. The surgery was not medically necessary so the request for post-operative physical therapy is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff/impingement syndrome 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 is the initial request for post-operative physical therapy. Although the request for 12 post-op physical therapy sessions is consistent with guidelines for the associated surgery, there is no evidence in the records that surgery has been approved at this time. Therefore, this request is not medically necessary.