

Case Number:	CM15-0211439		
Date Assigned:	10/30/2015	Date of Injury:	02/04/2015
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: Montana, Oregon, Idaho
 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 54 year old male, who sustained an industrial injury on 2-4-2015. Medical records indicate the worker is undergoing treatment for right shoulder impingement without rotator cuff tear. A recent progress report dated 9-17-2015, reported the injured worker complained of minimal relief in the right shoulder. Physical examination revealed mild right shoulder impingement. Treatment to date has included right shoulder injection with minimal relief, 12 right shoulder physical therapy visits and medication management. The physician is requesting 12 additional physical therapy sessions for the right shoulder. On 10-8-2015, the Utilization Review noncertified the request for 12 additional physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy sessions to right shoulder Qty: 12: 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) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and 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: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. 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 claimant has completed 12 physical therapy visits and there is insufficient evidence of functional improvement in the submitted documentation to warrant further visits or reason why a home based program cannot be performed. Therefore, the request is not medically necessary.