

Case Number:	CM15-0057213		
Date Assigned:	04/02/2015	Date of Injury:	10/16/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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

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 female who sustained an industrial injury on 10/16/2012. Diagnoses include left rotator cuff repair status-post repair. Treatment to date has included diagnostics, medications, surgery, and physical therapy. A physician progress note dated 02/04/2015 documents the injured worker continues to have pain in the left shoulder, which is now worse than before surgery. Active forward flexion is to 150 degrees with pain throughout range of motion; external rotation is 60 degrees and internal rotation to the hip pocket. Magnetic Resonance Imaging scan was done and cannot rule out a full-thickness tear of the posterior supraspinatus. The treatment plan is for the injured worker to have a second opinion and continued physical therapy. Treatment requested is for Post-Op Physical Therapy 12 Visits for The Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 12 Visits for The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 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, there is insufficient evidence of functional improvement from the exam note of 2/4/15 or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is for non-certification and the requested treatment is not medically necessary.