

Case Number:	CM15-0058346		
Date Assigned:	04/03/2015	Date of Injury:	06/17/2014
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/27/2015

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: Minnesota, Florida
 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 female, who sustained an industrial injury on June 17, 2014. She has reported shoulder pain. Diagnoses have included rotator cuff strain/sprain, cervical spine strain, thoracic spine strain, and lumbar spine strain. Treatment to date has included medications, physical therapy, right shoulder surgery, shoulder injections, and imaging studies. A progress note dated March 18, 2015 indicates a chief complaint of left shoulder pain. The treating physician documented a plan of care that included left shoulder surgery and associated services, and postoperative physical therapy. Utilization review certified the surgery and 12 visits of post-operative physical therapy. However, a request for 8 additional visits was non-certified citing CA MTUS post-surgical treatment guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy 2 times a week for 4 weeks for the left shoulder:
 Upheld

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

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

Decision rationale: The California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of 12 visits may be prescribed. The request as stated is for 8 additional visits after the 12 visits that have been certified. This request for 20 visits exceeds the guideline recommendation of 12 visits and as such, the medical necessity of the request has not been established.