

Case Number:	CM15-0086900		
Date Assigned:	05/11/2015	Date of Injury:	10/19/2009
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female with an October 19, 2009 date of injury. A progress note dated April 8, 2015 documents subjective findings (left shoulder pain and stiffness; no progress with range of motion), objective findings (left shoulder decreased range of motion), and current diagnoses (biceps tendonesis; left shoulder arthro fibrosis; joint ankylosis of the shoulder region). Treatments to date have included medications, physical therapy, transcutaneous electrical nerve stimulator unit, and left shoulder surgery. Left shoulder surgery was open repair of subscapularis and supraspinatus tendons with biceps tendinosis on 12/31/14. The treating physician documented a plan of care that included shoulder surgery and postoperative physical therapy for the shoulder. New plan for shoulder surgery was denied by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy for the left shoulder, 10 visits: Upheld

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

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

Decision rationale: As per MTUS Post-Surgical Guidelines, patient may receive up to 24 physical therapy sessions after requested shoulder surgery. However, the requested surgery was denied. Patient has received up to 10 prior PT sessions after prior surgery but PT has been inconsistent. Pt is eligible for more PT sessions from prior surgery but since this request was specifically for the denied surgery, requested post-operative physical therapy is not medically necessary.