

Case Number:	CM14-0160787		
Date Assigned:	10/06/2014	Date of Injury:	11/29/2012
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

55-year old male claimant with an industrial injury dated 11/29/12. The patient is status post right shoulder arthroscopy, biceps tenotomy, and extensor synovectomy dated 07/07/14. Exam note 08/15/14 states the patient returns with left shoulder pain. The patient reports difficulty sleeping and that the pain is ongoing. Upon physical exam there is tenderness over the anterior capsule and bicipital region. Also there is a limited range of motion with the right shoulder. Abduction is measured at 130' and forward flexion is 100'. The patient has a mild positive Speed's test. The muscle strength of the right shoulder is good but the patient is disabled from work activities. Treatment plan includes physical therapy sessions for the right shoulder. Records from 9/19/14 demonstrate claimant has previously received 12 postoperative visits.

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 right shoulder, QTY: 12: Upheld

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

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

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are:

Rotator cuff syndrome/Impingement syndrome :

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 the claimant has received 12 visits of postoperative therapy visits. There is insufficient evidence in the records of functional improvement with these prior visits to warrant further therapy. Therefore the Post-Operative Physical Therapy for the right shoulder, QTY: 12 is not medically necessary.