

Case Number:	CM14-0210132		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2013
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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:

53 year old male claimant with an industrial injury dated 06/18/13. The patient is status post a left shoulder arthroscopy, biceps tenodesis, rotator cuff repair, and 24 physical therapy sessions as of 08/07/14. Exam note 11/20/14 states the patient returns with shoulder pain extending to the paraspinal muscles on the left and into the para-scapular area. Upon physical exam there was evidence of mild tenderness present. The patient demonstrated a 4+ muscle strength. The patient revealed a flexion of 45', and had pain with passive motion. There was pain on all planes of the neck range of motion. Diagnosis is noted as arm/neck up joint symptom, rotator cuff syndrome, and shoulder joint pain. Exam note 12/16/14 states MRI of the left elbow reveals a tear of the lateral collateral ligament, and MRI of the left shoulder demonstrates a tear of the supraspinatus tendon. Treatment includes additional post-operative physical therapy 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 operative physical therapy - two times a week for twelve weeks to 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): 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 the request of 24 visits exceeds the initial 12 recommended. Therefore the determination is for non-certification.