

Case Number:	CM14-0219302		
Date Assigned:	01/09/2015	Date of Injury:	06/17/2009
Decision Date:	03/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 65 year old female, who sustained an industrial injury on June 17, 2009. The diagnoses have included right shoulder chronic subcoracoid dislocation after MVA, massive rotator cuff tear and postop right shoulder total reverse improving slowly. Treatment to date has included right shoulder total reverse on June 12, 2014, topical cream, oral medications and physical therapy 24 sessions. Currently, the IW complains of always has numbness in right arm and a little better with strength, tingling sensation noted if she lies on the right arm. On November 17, 2014 the provider noted that the injured worker was making gradual progress in function and additional requesting physical therapy. On December 1, 2014 Utilization Review non-certified additional physical therapy quantity twelve, noting Medical treatment utilization schedule (MTUS) guidelines. On November 22, 2014, the injured worker submitted an application for IMR for review of additional physical therapy quantity twelve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy QTY: 12: 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: Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified)(ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits based on the note of 11/17/14. Therefore, the determination is for non-certification.