

Case Number:	CM15-0112548		
Date Assigned:	06/19/2015	Date of Injury:	02/17/2010
Decision Date:	10/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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, Oregon, Washington
 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 48 year old male who sustained an industrial injury February 17, 2010. Past history included status post right shoulder arthroscopic surgery complicated by post-operative infection and repeat visit to the operating room for a debridement November, 2014 and right shoulder partial arthroscopic rotator cuff repair, April 27, 2015. Diagnoses are right shoulder rotator cuff tear; right shoulder long head biceps tenosynovitis; right shoulder early glenohumeral joint arthritis; right shoulder subacromial impingement; right shoulder superior labral tear. According to a treating physician's notes dated May 5, 2015, the injured worker presented for his first post-operative visit after right shoulder arthroscopic rotator cuff repair with subacromial decompression, debridement of the labrum, chondroplasty. He reports his pain is improving with oral medication. He is using a sling as directed, but he did reach with the right upper extremity once and developed pain, but then subsided on its own. Physical examination revealed; surgical incision well healed; no erythema and or drainage; mild soft tissue swelling which is consistent; range of motion deferred. Treatment plan included to move out of the sling and begin active and passive physical therapy. At issue, is a request for authorization dated May 8, 2015, for post-operative physical therapy three times a week for six weeks (18 visits). According to utilization review dated May 15, 2015, the request for Post-operative Physical Therapy to the right shoulder, Quantity: 18 has been modified to Post-operative Physical Therapy to the right shoulder, Quantity: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, Right Shoulder, 18 sessions, 3 times wkly for 6 wks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Shoulder.

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 Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. 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 requested number exceeds the initial course of therapy. Therefore the determination is not medically necessary.