

Case Number:	CM15-0116667		
Date Assigned:	06/25/2015	Date of Injury:	09/11/2014
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, Oregon
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 41 year old male, who sustained an industrial injury on 9/11/2014. On provider visit dated 05/07/2015 the injured worker has reported right shoulder with radiation to the right arm pain. Per documentation the injured worker was status post right shoulder 02/20/2015 with some improvement and has finished physical therapy about 3 weeks prior. On examination of the right shoulder revealed tenderness over the anterior and posterior aspect of the shoulder. With positive Hawkins and Yergason's test were noted. The diagnoses have included disorders of bursae and tendons in shoulder region- unspecified and rotator cuff syndrome. Treatment to date has included medication and physical therapy. The provider requested 6 post op physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Post op physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In this case 12 visits have been completed. There are no physical therapy re-evaluations to review. The exam note does not clearly define what functional benefits are anticipated from additional therapies. Based on this the request is not medically necessary.