

<b>Case Number:</b>	CM15-0119569		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 40 year old male, who sustained an industrial injury on 8/25/13. The injured worker was diagnosed as having left shoulder strain and left shoulder impingement. Treatment to date has included physical therapy, a home exercise program, TENS, and medication including Tramadol and Norco. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for post-operative physical therapy 2x12 for the left shoulder and Percocet 5/435mg #60. The treatment plan included left shoulder arthroscopy with subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy twice weekly for 12 weeks for the left shoulder QTY: 24.00:**  
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. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. 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. 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 exceeds the initial recommended number of visits and is not medically necessary.

**Percocet 5/435mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be used at the lowest successful dosage which is effective. The requested dosage is not the lowest dose and there is no documentation that higher dose is required for pain control. Based on this the request is not medically necessary.