

Case Number:	CM15-0124501		
Date Assigned:	07/09/2015	Date of Injury:	08/24/2013
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 51 year old male with an industrial injury dated 08/21/2013; 07/19/2014; 08/29/2007-07/14/2014 (cumulative trauma.) The mechanism of injury is documented as lifting with injury to his right shoulder and neck. His diagnoses included lumbar strain, impingement syndrome right shoulder, internal derangement bilateral shoulders and early cervical degenerative changes. Prior treatment included physical therapy, cortisone injection, medications, TENS unit and medications. He presents on 05/28/2015 with pain in left shoulder. Physical exam noted mild pain with crepitus. Range of motion was limited. Treatment plan included surgery with pre-operative clearance and post-operative physical therapy. The treatment request for open decompression of left shoulder with Mumford procedure and possible rotator cuff repair and pre-operative clearance were authorized. The treatment request for review is post-operative physical therapy 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, 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. 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.