

Case Number:	CM15-0126527		
Date Assigned:	07/13/2015	Date of Injury:	02/02/2009
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 63 year old female, who sustained an industrial injury on 2/02/2009. The injured worker was diagnosed as having post arthroscopy, adhesive capsulitis left shoulder, status post left shoulder arthroscopy with residuals, status post cervical fusion at C4-C5 and C5-C6 on 2/06/2014, solid with good alignment, persistent shoulder and left upper extremity pain, persistent significant referred pain, left sided of unknown etiology, neck and upper extremity symptomatology, possible shoulder etiology, and impingement with intrasubstance tendon tear of the left supraspinatus. Treatment to date has included cervical spinal surgery, left shoulder surgery on 2/18/2015, post-operative physical therapy (20 visits completed to 5/19/2015), and medications. Currently (5/11/2015), the injured worker complains of constant neck pain, rated 4/10, with radiation to the left upper extremity, and shoulder down to arm. She started physical therapy and stated that it did help. Physical exam noted well healed incisions and some adhesive capsulitis with shrugging, and limited range of motion. Neck pain was documented as generally subsiding. The treatment plan included continued post-operative physical therapy for the neck and left shoulder, (2-3x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the left shoulder and neck, 8 to 12 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): s 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Adhesive capsulitis (ICD9 726.0), Postsurgical treatment: 24 visits over 14 weeks. In this case there is a prior UR approval of 8 requests approved in conjunction with the surgery. Since there has been no re-evaluation, there is no evidence to support additional therapies at this time. Based on this, the request is not medically necessary.