

Case Number:	CM15-0171166		
Date Assigned:	09/11/2015	Date of Injury:	12/13/2012
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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 55 year old male who sustained an industrial injury on 12-13-12. The injured worker reported pain in the left shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for status post arthroscopic left shoulder rotator cuff repair. Medical records dated 7-17-15 did not indicate a pain rating on a scale of 1 out of 10. Provider documentation dated 7-17-15 noted the work status as "remain off work until 8-21-15". Treatment has included physical therapy, home exercise program and Relafen since at least July of 2015. Objective findings dated 7-17-15 were notable for left shoulder with decreased range of motion and healed surgical scars. The original utilization review (8-19-15) denied Physical therapy for the left shoulder 2 times a week for 6 weeks, quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder 2 times a week for 6 weeks, quantity: 12 sessions:
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: Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. 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 claimant has exceeded the 6 months postsurgical treatment timeframe. There is documentation of 18 PT visits between 4/16/15 and 7/14/15 after the 3/12/15 surgery. Therefore, the determination is for non-certification and therefore is not medically necessary.