

Case Number:	CM15-0067303		
Date Assigned:	04/15/2015	Date of Injury:	08/23/2013
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/09/2015

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: Illinois, California, Texas
 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 45-year-old male who sustained an industrial injury on 8/23/13. Injury to the left knee and right shoulder was reported while removing tree trunks. He underwent right shoulder arthroscopy with SLAP repair, subacromial decompression, and biceps tenodesis on 10/20/14. Records indicated that the injured worker had completed 22 post-operative physical therapy visits from 11/24/14 to 3/16/15. The 3/12/15 treating physician report indicated that the injured worker was doing well, had continued his right shoulder rehabilitation, and was making progress. He was more significantly limited by back pain. Physical exam documented normal shoulder appearance, gradually improving biceps tone, some tenderness to palpation at his tenodesis site, and bursal swelling had subsided. Active range of motion included flexion 150 degrees, external rotation to 75 degrees, and internal rotation to L1. Motor strength was 5/5 throughout. Additional physical therapy was requested for 8 more sessions. The 3/23/15 utilization review modified the request for 8 additional post-op physical therapy visits for the right shoulder to 2 additional visits to allow for transition to an independent home exercise program and consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy for the right shoulder QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/23/15 utilization review recommended partial certification of 2 additional post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional supervised care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.