

Case Number:	CM15-0070744		
Date Assigned:	04/20/2015	Date of Injury:	09/13/2007
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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
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 61 year old male, who sustained an industrial injury on 9/13/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having a right shoulder surgery in 2008, right frozen shoulder, rotator cuff syndrome, lumbar radiculopathy, sciatica, lumbar disc displacement with myelopathy and cervical disc displacement with myelopathy. There is no record of a recent diagnostic study. Treatment to date has included surgery in 2009, physical therapy, epidural steroid injection to the cervical spine, steroid injections to the right shoulder and medication management. In progress notes dated 11/17/2014 and 3/26/2015, the injured worker complains of neck, low back and right shoulder pain. The treating physician is requesting 6 visits of post-operative physio-therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 Times A Week for 3 Weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: 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. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits 6 years following shoulder surgery. Therefore the determination is for non-certification; the request is not medically necessary.