

Case Number:	CM15-0095412		
Date Assigned:	05/22/2015	Date of Injury:	09/11/2014
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 60-year-old male, who sustained an industrial injury on 09/11/2014. He has reported injury to the bilateral shoulders. The diagnoses have included right shoulder pain; subscapularis (muscle) sprain; right shoulder partial subscapularis tear with biceps subluxation; and status post right shoulder rotator cuff repair with biceps tenodesis. Treatment to date has included medications, diagnostics, surgical intervention, physical therapy, and home exercise program. A progress note from the treating physician, dated 04/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder discomfort; three months status post right shoulder rotator cuff repair with biceps tenodesis; continues to improve with his physical therapy; slowly regaining his motion; strength is also progressing very slowly; and he is working hard with physical therapy. Objective findings included decreased right shoulder range of motion; has 4+/5 external and internal rotation strength, and 4/5 supraspinatus strength; good distal motor and neurovascular function; he is stable and progressing gradually; and he may need one last prescription for therapy to transition him to a home exercise program. The treatment plan has included the request for associated surgical service, physical therapy to the right shoulder two times a week for six weeks, quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service; Physical therapy to the right shoulder two times a week for six weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS 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 visit of 5/19/2015 does not document and reason why continued therapy requests should be approved beyond guidelines. There is no documentation submitted of increased abilities at work or extenuating circumstances to warrant additional therapies. The request is not medically necessary.