

Case Number:	CM14-0074592		
Date Assigned:	07/16/2014	Date of Injury:	08/24/2012
Decision Date:	09/23/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This injured worker 68-year-old male who sustained an industrial injury on 8/24/12. Injury occurred when he tripped. The 4/25/14 treating physician report cited continued bilateral shoulder pain. The qualified medical examiner recommended hyaluronic acid injections, chiropractic, and a new right shoulder MRI to rule-out rotator cuff re-tear. Physical exam findings documented positive crepitation and limited range of motion. There were positive impingement and Hawkin's tests. The diagnosis included left rotator cuff tear and sprain/strain right rotator cuff repair in 3/11/13. A request was noted for urgent left shoulder open rotator cuff repair, subacromial decompression, and total shoulder arthroplasty. Authorization was requested for right shoulder MR arthrogram, left total shoulder replacement with pre-op, and chiropractic/acupuncture x 12 visits. Authorization was requested for post-op physical therapy 2 times a week for 6 weeks for the left shoulder. The 5/12/14 utilization review non-certified the request for post-op physical therapy for the left shoulder as the associated shoulder surgery had been non-certified of lack of sufficient medical documentation for surgery. There is no evidence in the available records that the associated left shoulder surgery had been certified.

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 x week x 6 weeks for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined 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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, there is no evidence that the associated surgery has been found to be medically necessary. Therefore, this request is not medically necessary.