MAXIMUS Federal Services

Case Number:	CM13-0034348		
Date Assigned:	12/06/2013	Date of Injury:	03/29/2011
Decision Date:	02/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

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 claimant is a 49 year old groundsman treated in March, 2011 for repetitive strain injury to left shoulder, elbow and fourth finger. Shoulder symptoms failed conservative treatment with physical therapy and oral analgesics. MRI showed tendon inflammation. After an undescribed surgery in November 2011, symptoms persisted. MRI was repeated and on November 9, 2012 he underwent surgery for lysis of adhesions and revision of subacromial decompression, acromioplasty and bursectomy, with diagnoses of adhesive capsulitis and recurrent subacromial impingement.18 sessions of PT are documented in the postsurgical period. Physical therapy on discharge February 14 reported range of motion improved, pain reduced and well tolerated, and a home program in place. Work restrictions were limited to no overhead reaching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x20 visits for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines state that 24 postsurgical physical therapy visits within six months are permitted for the reported diagnoses of adhesive capsulitis and impingement syndrome. During the six month postsurgical period, the patient received 18 of 20 prescribed

sessions of treatment, with objective, symptomatic and functional improvement. Based on guideline and medical evidence, 20 additional sessions of physical therapy are not medically necessary.