

Case Number:	CM13-0045119		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	03/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old female who reported an injury on 12/16/1 after she fell from a ladder which caused injury to her left shoulder. The patient underwent left shoulder arthroscopy and subacromial decompression, and a Mumford procedure, and developed postoperative adhesive capsulitis. Treatment included manipulation under anesthesia, medications, bracing, TENS unit, physical therapy, and a home exercise program. The patient's most recent clinical examination findings indicated that she underwent additional acromioplasty in May 2013. This was followed by postsurgical manipulation under anesthesia in July 2013, and then over 20 physical therapy sessions without significant changes. The patient's most recent physical examination included restricted range of motion described as 105 degrees in abduction and 115 degrees in flexion, 60 degrees in internal rotation and 40 degrees in external rotation, with moderate tenderness at the infraspinatus tendon. The patient's diagnoses included status postsurgical acromioplasty of the left shoulder and manipulation under anesthesia, cervical lumbar strain with myofascial pain, subjective headaches, and GI disturbances due to medication usage. A treatment recommendation was made to discontinue physical therapy secondary to a regression in progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for four weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The clinical documentation submitted for review indicates that the patient has had extensive postsurgical physical therapy after manipulation under anesthesia. The California Medical Treatment Utilization Schedule recommends up to 24 visits of postsurgical physical therapy for adhesive capsulitis; however, continuation of therapy should be based on functional gains. The clinical documentation submitted for review does not provide any evidence that the patient has made any significant functional gains related to the prior physical therapy. Additionally, a treatment recommendation was made by a qualified medical examiner that physical therapy should be discontinued, as there has not been any significant gains made in pain complaints or range of motion. Additional physical therapy would not be supported by the California Medical Treatment Utilization Schedule. As such, the request is not medically necessary or appropriate.