

Case Number:	CM13-0048041		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2011
Decision Date:	03/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma 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 49-year-old female who reported an injury on 08/12/2011. The mechanism of injury was stated to be the patient was taking care of a client and as the patient was being taken out of the bathtub, they defecated on the floor and the patient wanted to clean up the mess but she fell backwards. The patient was noted to undergo a left shoulder arthroscopic capsular release and lysis of adhesions on 08/12/2013. The patient was noted to have 24 sessions of physical therapy authorized. The patient's diagnosis was noted to be status post left shoulder scope/capsular repair. The request was made for postoperative physical therapy times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that the treatment for adhesive capsulitis is 24 visits. The clinical documentation submitted for review indicated that the patient had made good gains in active and passive shoulder range of motion

and strength; however, the patient was noted to have limited joint mobility and upper strength contributing to difficulty and pain when reaching overhead. There was lack of documentation indicating the patient had objective functional limitations remaining. There was lack of documentation of the patient's functional gains made during physical therapy. The request as submitted failed to indicate the body part the therapy was being requested for. Given the above and the lack of documentation, the request for postoperative physical therapy times 6 is not medically necessary.