

Case Number:	CM13-0061920		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2012
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported injury on 10/11/2012. The injured worker underwent a left shoulder manipulation under anesthesia and arthroscopic lysis of adhesions on 09/11/2013. The documentation of 10/17/2013 revealed the injured worker had a range of motion of the left shoulder with forward flexion of 80 degrees and abduction to 90 degrees, with external rotation to 30 degrees and internal rotation to the level of the buttocks. The right shoulder examination revealed the injured worker had abduction of 90 degrees, flexion of 110 degrees, external rotation of 45 degrees, and internal rotation to T12. The injured worker was approximately 5 weeks from the left shoulder manipulation, according to the documentation. A request was made for physical therapy 2 times a week for 6 weeks for the bilateral shoulders. Diagnosis was pain in joint, shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY BILATERAL SHOULDERS X 12, RFA 10/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS postsurgical treatment guidelines indicate that 24 visits are appropriate for the treatment of adhesive capsulitis. The clinical documentation submitted for review failed to indicate the quantity of sessions the injured worker had participated in, as well as the objective functional benefit that was gained from the prior therapy. As the injured worker underwent a left shoulder manipulation, there was a lack of documentation indicating necessity for continued therapy on the right side. There was a lack of documentation indicating functional deficits. Given the above and the lack of documentation, the request for physical therapy for bilateral shoulders x12 RFA 10/18/2013 is not medically necessary.