

Case Number:	CM14-0001217		
Date Assigned:	01/22/2014	Date of Injury:	06/24/2012
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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/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 38-year-old male who reported an injury on 06/24/2012. The mechanism of injury involved repetitive heavy lifting. Current diagnoses include adhesive capsulitis, status post left shoulder arthroscopy on 01/21/2013, and inferomedial scapular bursitis. The injured worker was evaluated on 12/10/2013. Previous conservative treatment includes immobilization, surgery, and physical therapy. The injured worker reported persistent soreness and painful range of motion with activity. Physical examination revealed positive impingement testing, 140 degrees forward elevation, 4/5 strength, positive Speed's testing, and intact sensation. Treatment recommendations at that time included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY, THREE (3) TIMES PER WEEK OVER FOUR (4) WEEKS, FOR THE LEFT SHOULDER AND LEFT SCAPULAR AREA.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Official Disability Guidelines state physical medicine treatment for adhesive capsulitis 16 visits over 8 weeks. The injured worker has completed an unknown amount of physical therapy to date. An additional 12 sessions may exceed Guideline recommendations. Additionally, there is no evidence of objective functional improvement as a result of any previous physical therapy. Therefore, additional treatment cannot be determined as medically appropriate. As such, the request for outpatient additional physical therapy, three (3) times per week over four (4) weeks, for the left shoulder and left scapular area is not medically necessary.