

Case Number:	CM14-0009899		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2010
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine, and is licensed to practice in California, North Carolina, Colorado, and Kentucky, . 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 54-year-old female who sustained an injury to her right shoulder on 05/08/10. The mechanism of injury was not documented. The injured worker was historically treated for several months because of the diagnosis of right shoulder status post surgical intervention dated 03/07/11 with residual right shoulder pain and adhesive capsulitis of the right upper extremity with neuritis and finally, occasional anxiety and depression. Current complaints include exacerbation and increased pain secondary to weather changes. The injured worker is very frustrated because she is unable to perform certain activities of daily living. Physical examination of the right shoulder noted decreased range of motion, not totally unlike the 11/16/11 evaluation, yet slightly improved with flexion at 110°, abduction 100°, lateral rotation 50° and medial rotation 70°; better motor strength and no particular findings of neurological deficit, as was found in previous exams. The injured worker was diagnosed with internal derangement of the right shoulder status post surgical intervention and rotator cuff repair with resulting adhesive capsulitis and associated neuritis of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR RIGHT 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): 27.

Decision rationale: The request for twelve physical therapy visits for the right shoulder is not medically necessary. The previous request was denied on the basis the injured worker has a long-standing history of shoulder injury. Surgical intervention has been completed and range of motion appears to have plateaued. Physical examination noted no strength loss or neurologic deficits. As such, there is an indication for a one-time evaluation to educate the injured worker in a home exercise program. In agreement with the previous partial/modified certification of one physical therapy visit for education in proper home exercise techniques, medical necessity of the request for twelve physical therapy visits for the right shoulder has not been established. Recommend non-certification.