

<b>Case Number:</b>	CM14-0105893		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehab and is licensed to practice in Nevada. 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 60 year-old male who was reportedly injured on June 4, 2013. The mechanism of injury is noted as a traction type event. The most recent progress note dated July 8, 2014 indicates that there are ongoing complaints of shoulder pain, adhesive capsulitis in a poorly controlled diabetic. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. Body mass index is described as "normal" and pressure is reported at 140/77. A marked decrease in shoulder range of motion is reported. Grip strength is noted as 5, sensation is intact and the radial pulses 2+. Diagnostic imaging studies were not reviewed. Previous treatment includes arthroscopic surgery, 36 sessions of postoperative physical therapy, injection therapy, chiropractic care and pain management interventions. A request was made for additional physical therapy and was not certified in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 18 Physical Therapy on the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** It is noted that this is a 60-year-old, not well-controlled diabetic who has developed adhesive capsulitis in the postsurgical shoulder. It is also noted that 36 sessions of physical therapy have been completed and transition to home exercise protocol has been achieved as well. When noting the parameters outlined in the California Medical Treatment Utilization Schedule (24 sessions over 14 weeks) clearly destined has been eclipsed. As such, the medical necessity for additional formal physical therapy has not been established with the progress notes presented for review.