

Case Number:	CM14-0122438		
Date Assigned:	08/06/2014	Date of Injury:	02/12/2014
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 California. 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 50 year old male who reported injury on 02/12/2014. The mechanism of injury was not provided. The prior treatments included medications and post-operative therapy. The injured worker underwent an open reduction internal fixation of the right proximal humerus fracture. There was a lack of documentation indicating when the surgical procedure had taken place. The diagnostic studies were not provided. The medications were noted to include a PPI, Voltaren, gabapentin, Celebrex, Flexeril, and tramadol. The injured worker underwent an MRI of the cervical spine. The documentation of 07/25/2014 revealed the injured worker was doing markedly better with regards to his right shoulder. The injured worker continued to have moderate to severe neck, back, and right knee pain. The physical examination of the right shoulder revealed the injured worker had resisted abduction strength of 4/5 and external rotation strength of 4/5. The range of motion for the right shoulder was abduction of 120 degrees, and forward flexion of 120 degrees. The diagnosis included frozen right shoulder improving, status post open reduction internal fixation of a right proximal humerus 4 part fracture. The treatment plan included aggressive physical therapy for the shoulder to increase range of motion and strength 3 times 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability guidelines: Shoulder- Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy, Preface.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that postsurgical treatment for a humerus fracture includes 24 visits over 14 weeks. The clinical documentation submitted for review failed to indicate the quantity of sessions previously attended. The request for 18 additional physical therapy sessions would be excessive. The California MTUS Guidelines; however, do not specifically address adhesive capsulitis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the treatment for adhesive capsulitis is 16 visits over 8 weeks. Additionally, per the Official Disability Guidelines (ODG), if the physical therapy exceeds guideline recommendations there should be documentation of exceptional factors. There was a lack of documentation of exceptional factors. The clinical documentation submitted for review indicated the injured worker had adhesive capsulitis. However, as previously stated there was a lack of documentation indicating the quantity of sessions that had previously been attended. The request for 18 additional sessions would exceed guideline recommendations. Given the above, the request for physical therapy for the right shoulder three times a week for six weeks is not medically necessary.