

Case Number:	CM14-0153188		
Date Assigned:	09/23/2014	Date of Injury:	03/20/2013
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopaedic Surgery, 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:

This 51-year-old female court support clerk sustained an industrial injury on 3/20/13 relative to her work duties. Initial conservative treatment included medication, physical therapy, and work modifications. Electrodiagnostic studies on 6/28/13 revealed bilateral carpal tunnel syndrome. The 9/11/13 right shoulder MRI demonstrated a full thickness rotator cuff tear without retraction. She underwent a right shoulder mini-open rotator cuff repair, debridement, decompression and partial distal clavicle resection and right carpal tunnel release on 1/3/14. Manipulation under anesthesia was performed during surgery and achieved full range of motion. The 7/23/14 treating physician report cited constant global right shoulder pain radiating into the upper arm and elbow. Pain worsened with use. Pain and stiffness made activities of daily living difficult and she was unable to drive or participate in former recreational activities. Right shoulder active range of motion exam demonstrated flexion 40, abduction 30, external rotation 40, and internal rotation 20 degrees. Attempts at passive range of motion past 50 degrees in the scapular plane or external rotation produced severe complaints of pain. She was diagnosed with right shoulder adhesive capsulitis. The treatment plan indicated the patient had failed an extensive course of physical therapy and recommended manipulation under anesthesia. She underwent right shoulder manipulation under anesthesia and a corticosteroid injection on 7/31/14. Records indicate that the patient was authorized for 12 post-op visits. The 8/18/14 treating physician report cited some pain and stiffness in the right shoulder and persistent numbness in both hands. The patient believed she was improving with therapy. Physical exam documented passive range of motion with 130 degrees flexion and external rotation to 70 degrees. Additional therapy twice a week for 4 weeks was recommended. The 8/27/14 utilization review denied the request for additional physical therapy as there was no evidence that the patient completed the authorized physical therapy, or had functional benefit with the physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8 visits, for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This patient presents with continued loss of shoulder motion status post manipulation under anesthesia. Twelve initial visits were reportedly authorized. Physical therapy is reported with improvement. It is reasonable that additional functional improvement can be accomplished with continued therapy within the general recommended course of treatment. Therefore, this request is medically necessary.