

Case Number:	CM14-0158957		
Date Assigned:	10/30/2014	Date of Injury:	07/13/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic 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:

41 year old female claimant with an industrial injury dated 07/13/13. The patient is status post an intraarticular steroid injection dated 01/19/13. Other conservative treatments include medication and physical therapy in which did not provide any symptom relief. X-ray of the left shoulder dated 07/13/13 reveals an anterior dislocation but no significant joint disease or soft tissue abnormality. X-ray of the left forearm dated 07/13/13 reveal no acute fracture, alignment appears to be normal and there is no significant joint disease or acute fracture noted. Exam note 09/08/14 states the patient returns with left shoulder pain. The patient explains a constant stiffness and tingling radiating to the left hand. Upon physical exam there is evidence of tenderness surrounding the left lateral and anterior shoulder with limited range of motion. Also the patient had tenderness surrounding the left cubital tunnel. Diagnosis is noted as a left shoulder anterior dislocation with adhesive capsulitis. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy Quantity: 24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the visits or 12 recommended initially. Therefore the request is not medically necessary.