

Case Number:	CM14-0170545		
Date Assigned:	10/20/2014	Date of Injury:	03/20/2013
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Surgeon and is licensed to practice in New York. 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:

Patient has a date of injury of March 20, 2013. She has right shoulder and upper extremity pain. She reports pain stiffness in the shoulder. She thinks she is getting better with physical therapy. On physical examination shows 130 of flexion and axial rotation to 70. She is diagnosed with adhesive capsulitis of the right shoulder and bilateral carpal tunnel syndrome. The patient had right shoulder and right hand surgery in January 2014. She had operative arthroscopy of the right shoulder with mini open rotator cuff repair debridement decompression and acromioplasty. The patient had decreased range of motion after the procedure. On July 31, 2014 the patient underwent manipulation of the right shoulder under anesthesia and cortisone injection of the right shoulder. Post procedure range of motion is 80 of flexion 70 extension 60 of external rotation 20 of internal rotation. At issue is whether PT evaluation and additional physical therapy a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Evaluation and Treat Right Shoulder 8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: The patient had additional physical therapy at the surgery consisting of 12 visits were completed on August 28, 2014. The patient continues to reports improve range of motion with physical therapy. There is no documentation as to exactly how much physical therapy the patient has had. In addition the patient has had 2 previous right shoulder procedures. There is poor documentation of the amount of physical therapy that this patient has or he completed. Additional physical therapy is not clearly supported by the medical records. The medical records indicate that the patient has had multiple physical therapy sessions. Since it is unclear exactly how the physical therapy patient's the patient have already completed, guidelines do not support additional physical therapy.