

Case Number:	CM14-0181323		
Date Assigned:	11/06/2014	Date of Injury:	10/23/2013
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 Hand Surgery, and is licensed to practice in Texas and Georgia. 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 57-year-old female who reported an injury on 10/23/2013. The mechanism of injury was an injection. Her diagnosis was noted as adhesive capsulitis. Her past treatments were noted to include physical therapy sessions, manipulation, steroid injection, work modifications, and surgery of her left shoulder. The MRI of the left shoulder taken 12/16/2013 revealed slight bruising posterior, most likely secondary to injection; atrophy over the posterior muscle structures, but no deformity; tenderness diffusely without shoulder, mainly anterior down arm through biceps brachialis and triceps. She is status post manipulation under anesthesia of the left shoulder dated 07/07/2014. The physical examination on 10/03/2014 revealed forward flexion of 170 degrees, abduction of 175 degrees, external rotation of 55 degrees and very restricted internal rotation. During the assessment on 10/13/2014, the injured worker complained of having pain in her left shoulder. She stated that she still had discomfort when she tried to reach behind her back. The physical examination revealed forward flexion of approximately 150 degrees, abduction of 140 degrees, external rotation of 45 degrees, and internal rotation was much tighter compared to the previous visit. There was no list of medication provided. The treatment plan was to continue with home exercise program and begin physical therapy. The rationale for physical therapy to the left shoulder 2 times a week for 6 weeks was to help regain some motion. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder 2 times a week for 6 weeks #6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter: Physical Therapy

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

Decision rationale: The request for physical therapy to the left shoulder 2 times a week for 6 weeks #6 is not medically necessary. The injured worker's postoperative diagnosis was left shoulder adhesive capsulitis. The California MTUS Post-Surgical Guidelines recommend up to 24 visits over 14 weeks following surgery for adhesive capsulitis. The physical examination on 10/03/2014 revealed forward flexion of 170 degrees, abduction of 175 degrees, external rotation of 55 degrees and very restricted internal rotation. The physical examination on 10/13/2014 revealed decreased range of motion but did not include a detailed assessment of motor strength which would support the request for additional physical therapy. Furthermore the injured worker was noted to have completed 30 sessions of physical therapy to date. While the injured worker would benefit from continued physical therapy due to functional deficits, the number of completed physical therapy visits plus the requested number of physical therapy visits exceeds the guideline recommendation. Given the above, the request for physical therapy to the left shoulder 2 times a week for 6 weeks #6 is not medically necessary.