

Case Number:	CM14-0182695		
Date Assigned:	11/07/2014	Date of Injury:	04/28/2013
Decision Date:	12/26/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year-old female with date of injury of 04/28/2013. The treating physician's listed diagnosis from 09/09/2014 is adhesive capsulitis of the right shoulder. According to this report, the patient complains of right shoulder and arm pain. She also complains of right-sided neck pain. The patient noted some improvement with recent physical therapy sessions; however, transportation is the significant issue. She has not returned to work since July 2013. Examination of the right shoulder shows active flexion at 100 degrees, passive flexion at 130 degrees, and external rotation at 80 degrees with discomfort in the subacromial region. There is full range of motion of the cervical spine with mild right-sided discomfort. The 07/25/2014 report notes that the patient has received physical therapy twice a week and she feels like that it is "helpful." She presents with right-sided pain that is moderate at a rate of 6/10. The patient has noted decreasing range of motion of the right shoulder since surgery/manipulation under anesthesia. The documents include physical therapy reports from 07/16/2014 to 09/04/2014, QME report from 11/11/2014, operative report from 07/14/2014, arthrogram of the right shoulder from 04/17/2014 and progress reports from 06/13/2014 to 12/02/2014. The utilization review denied the request on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Sessions of Physical Therapy for the right shoulder: Overturned

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

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

Decision rationale: This patient presents with right shoulder pain. The patient is status post right shoulder manipulation under anesthesia from 07/14/2014. The provider is requesting 8 Sessions of Physical Therapy for the Right Shoulder. The MTUS Post-Surgical Guidelines page 26 and 27 on Adhesive capsulitis recommends 24 visits over 14 weeks. The 07/16/2014 physical therapy report notes tenderness to palpation in the superior aspect of the shoulder. The patient demonstrates impaired right shoulder range of motion with pain and limited function. The 08/14/2014 physical therapy progress report notes that the patient still reports pain at a level of 5/10. The patient was able to tolerate treatment well. The 09/04/2014 physical therapy notes states that the patient is "okay but feels it helps when she gets manual manipulation." The patient feels increased range of motion with manual mobilization. The physical therapy visits from 07/16/2014 to 09/04/2014 total 10. Given that the requested 8 sessions, when combined with the previous 10 that the patient received, is within post-surgical guidelines, the request is reasonable. Therefore, this request is medically necessary.