MAXIMUS Federal Services

| Case Number: | CM14-0032231 | | |
|---|---|---|---|
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/08/2012 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

## 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 and 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 70 year old with an injury date on 9/8/12. Based on the 2/24/14 progress report provided by [redacted] the diagnoses are: 1. right humeral head/proximal humerus fracture2. status post ORIF with subsequent myositis ossificans/adhesive capsulitisExam of right shoulder on 2/24/14 showed "well-healed surgical incision on deltopectoral groove. Normal color/temperature. Atrophy of right deltoid. Tenderness to palpation of biceps on right. Range of motion moderately limited especially in extension 15 degrees, abduction 70 degrees, and flexion 65 degrees. Muscular and neurological exam are normal." [redacted] is requesting Physical therapy 3 times 5 right shoulder. The utilization review determination being challenged is dated 3/6/14. [redacted] is the requesting provider, and he provided treatment reports from 10/10/13to 6/2/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x5, right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers Compensation Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99:.

**Decision rationale:** This patient presents with right shoulder with occasional radiation to right elbow, popping/grinding but no tingling/numbness and is status post (s/p) open reduction and internal fixation (ORIF) for right fractured humerus from September 2012. The treater has asked Physical therapy 3x5 right shoulder on 2/24/14 to "assist patient in raising more than 70 degrees with right dominant upper extremity. Fortunately patient has sound rotator cuff and will assist in physical therapy." Agreed Medical Evaluation (AME) report dated 9/9/13 shows patient completed 4-6 sessions of physical therapy. The 2/24/14 report states patient completed postoperative physical therapy but has only helped slightly/temporarily. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient is 18 months post-surgery but still has limited range of motion and continuing right shoulder symptoms. Considering patient has not had recent physical therapy, requested 8 sessions of physical therapy for range of motion is reasonable and within MTUS guidelines. The requested treatment is medically necessary.