MAXIMUS Federal Services

Case Number:	CM14-0056382		
Date Assigned:	07/09/2014	Date of Injury:	10/24/2011
Decision Date:	09/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Pain Management 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:

This is a 45-year-old gentleman with a date of injury of 10/24/11. Mechanism of injury was loading a shipment of crates into a car, when 4 crates fell, striking the patient on the left shoulder, elbow and knee. He was subsequently diagnosed with cervical radiuclopathy, left shoulder impingement, left elbow sprain and left lateral epicondylitis. Later, it was noted that the patient was having catching, locking and pain at the left knee with a positive McMurrays and a meniscus tear on MRI. Surgery was recommended and authorized. Left knee arthroscopy was done on 10/09/13. Post-op PT was subsequently requested and authorized. On 1/21/14, it was noted that the patient had developed adhesive capsulitis of the left shoulder with only 120 degrees of abduction and 130 degrees of flexion. PT was then requested for the shoulder as well. By 3/03/14, the patient was noted to have 160 degrees of flexion at the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x3, for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical medicine treatment.

Decision rationale: Guidelines recommend up to 16 sessions of PT for adhesive capsulitis. The patient did have good improvement with treatment/PT for adhesive capsulitis, as January 2014 reports notes only 130 degrees of flexion that improved to 160 degrees of flexion as of March 2014. Medical necessity is not established for additional PT 3 x 3 for the left shoulder.