

Case Number:	CM14-0059838		
Date Assigned:	07/09/2014	Date of Injury:	04/19/2013
Decision Date:	08/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 injured worker is a 44 year old female who reported injury on 04/19/2013 secondary to the attempt to catch a falling resident. She had diagnoses of cervical intervertebral disc, adhesive capsulitis of the shoulder, neck sprain, status post right shoulder arthroscopy, and impingement syndrome of the shoulder region. She had past treatments of at least 24 physical therapy sessions for the right shoulder, acupuncture, oral medications, and modified work duties. She had an MRI of the right shoulder on 07/11/2013. She had right shoulder arthroscopic subacromial decompression and debridement on 02/11/2014. The injured worker complained of slight right shoulder pain that was well-controlled with her pain medication and she stated she had increased function, but some numbness and tingling in her right hand and fourth and fifth digits, which was worsening. Examination on 03/12/2014 revealed tenderness over the right paracervicals and acromion process, no swelling or warmth to the right shoulder; limited passive and active range of motion; numbness in the fourth and fifth digits in the ulnar aspect of the hand; pain at the end of range of motion; pain with resisted forward flexion and abduction; and internal rotation to the level of lumbar. Her medications included Ultram 50 mg every 6 hours as needed, and Norco 5/325 mg, 1 every 6 hours as needed. The treatment plan was for continuation of physical therapy, plus 12 post op physical therapy visits for range of motion and pain control after the completion of the current physical therapy and acupuncture visits. There was no rationale for the request. The request for authorization form was signed and dated on 02/05/14 and on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY RIGHT SHOULDER: Upheld

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

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

Decision rationale: The injured worker complained of right shoulder pain with numbness and tingling in the digits of the right hand. She had past postoperative physical therapy sessions. California Medical Treatment Utilization Schedule (MTUS) Guidelines recommends 24 post surgical visits over 14 weeks for adhesive capsulitis. There were 2 post-op requests. The documentation from the primary treating physician does not give a specific number of completed postoperative physical therapy sessions and evidence of objective functional gains made with those sessions. In addition, the request does not contain the number of requested visits. Given the above, the request for post op physical therapy, right shoulder, is not medically necessary and appropriate.