

Case Number:	CM14-0094936		
Date Assigned:	07/25/2014	Date of Injury:	11/14/2013
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 45 year old man who was working as a carpenter when a part of a ceiling fell on him. He sustained a right 5th metatarsal fracture and a left rotator cuff tear. He has been treated with physical therapy and medications. The notes document at least 24 visits of physical therapy (PT). On 2/12/2014, the injured worker underwent left shoulder arthroscopy. After post-surgical PT, the injured worker still exhibited decreased range of motion and pain. Manipulation under anesthesia is being considered. Diagnoses: Left rotator cuff tear; Low back pain; Right metatarsal fracture. Request is for 12 visits of PT for the shoulder, right foot and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits for left shoulder, right foot and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Post-surgical, pages 26-27, Physical Medicine, pages 98-99 Page(s): 98-99.

Decision rationale: The injured worker is s/p (status post) shoulder arthroscopy with continued stiffness and decreased range of motion. He has developed an adhesive capsulitis and

manipulation under anesthesia is planned. He has received 24 visits of physical therapy with minimal progress made. He has received maximal therapy for the shoulder even considering his diagnosis of adhesive capsulitis. ODG states there is little difference efficacy between a course of physical therapy and a home based program. The injured worker has received the maximum amount of therapy as indicated for his injury. In addition, the physical therapy notes do not document any benefit from therapy in regards to pain level, range of motion or function. When the CA MTUS are applied for the foot and low back, they exceed the number of visits set by the MTUS. Recommendation is that the request is not medically necessary.