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| Case Number: | CM14-0097432 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 03/07/2013 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a cumulative trauma work injury to her cervical spine with date of injury of 03/07/13. On 01/15/14 the claimant underwent manipulation under anesthesia of the right shoulder for the treatment of recurrent adhesive capsulitis. She was seen by the requesting provider on 01/30/14. She was having ongoing neck pain radiating into the left upper extremity. Improvement from an epidural steroid injection had worn off. Medications were ibuprofen and Skelaxin, and she was using a heating pad. Physical examination findings included decreased cervical spine range of motion with decreased upper extremity strength and sensation. She was referred for surgical clearance for an anterior cervical decompression and fusion. On 04/03/14 there had been a 95% improvement after her cervical spine surgery. There were expected postoperative findings. She was to continue wearing a cervical brace. She was continued at temporary total disability. On 07/09/14 acupuncture was helping. Physical examination findings included normal upper extremity strength. The assessment references right shoulder surgery in September 2013 with excellent short-term recovery. She was having increasing back and left leg problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks 12 total for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Physical Therapy..

Decision rationale: The claimant is more than 1 years status post work-related injury with treatments including right shoulder surgery in September 2013 complicated by adhesive capsulitis requiring manipulation under anesthesia in January 2014. She has already had physical therapy treatments. She continues to be treated for chronic right shoulder pain. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The claimant has no other identified impairment that would preclude her from performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore this request is not medically necessary.