

Case Number:	CM14-0190273		
Date Assigned:	11/21/2014	Date of Injury:	04/11/2014
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 04/11/2014. The mechanism of injury was not provided. She was diagnosed with adhesive capsulitis of right shoulder. Her past treatments were noted to include medications and physical therapy. No diagnostic studies were provided. No surgical history was noted. On 06/04/2014, the injured worker went in for physical therapy and was noted to have shoulder pain. Upon physical examination of her right shoulder, she was noted to have abduction to 50 degrees, internal rotation to 41 degrees, and external rotation to 60 degrees. Additionally, her right upper extremity strength was noted to be 4/5 for abduction and external rotation and 4+/5 for internal rotation. On 08/06/2014, the injured worker reported right upper arm into right elbow discomfort. On physical examination of her right shoulder, she was noted to have upper active range of motion and passive range of motion of flexion, internal rotation, and forward rotation. On 09/02/2014, the injured worker reported right shoulder pain and discomfort. Upon physical examination of her shoulder, she was noted to have limited range of motion, positive Hawkin's impingement on the right, and 4/5 motor strength of the right shoulder. Her medications were noted to include naproxen 500 mg twice a day. Additionally, the treating physician indicated the injured worker "has completed physical therapy." The treatment plan was noted to include a followup with orthopedics and medications. A request was submitted for physical therapy x6 for the right shoulder; however, the rationale for the request was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 for the right shoulder: Upheld

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

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

Decision rationale: The request for physical therapy x6 for the right shoulder is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9 to 10 visits of physical therapy for myalgia and myositis, unspecified. The most recent note provided for review does indicate motor deficits; however, the documentation provided does not clearly show how many previous physical therapy visits she has completed and whether she had functional improvement within that treatment. Additionally, the treating physician indicated the injured worker, "has completed physical therapy" and there were no exceptional factors to warrant additional visits beyond the guidelines' recommendation, the request is not supported. As such, the request for physical therapy x6 for the right shoulder is not medically necessary.