

Case Number:	CM14-0195943		
Date Assigned:	12/03/2014	Date of Injury:	01/15/2013
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/22/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 1/15/13. The diagnoses include status post right shoulder arthroscopic capsular release in June 2013. Under consideration is the request for additional physical therapy to the right shoulder, twice a week for eight weeks. There is a document from claims management dated 5/15/14 that physical therapy was authorized for twice a week for six weeks to the right shoulder. There is a 9/4/14 progress note that states that the patient comes for follow up of shoulder surgery. She is getting better with therapy. She is working 6 hours per day. On exam she has 160 of elevation, externally rotates 40 degrees at the side, internal rotates to T12. In elevated positive externally rotates 70 and internally rotates 50. The treatment plan is finish therapy. She can continue to work 6 hours a day. A 9/10/13 document states that the patient is 3 months status post arthroscopic cuff repair. She is still and cannot move her shoulder. She has pain. She is not working. On exam she has no glenohumeral motion. She elevates to 70 degrees. The plan is to request authorization for a closed manipulation plus or minus arthroscopic capsular release as the documenting physician was unable to manipulate her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right shoulder, twice a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Adhesive capsulitis

Decision rationale: Additional physical therapy to the right shoulder, twice a week for eight weeks is not medically necessary per the MTUS guidelines. The documentation indicates that the patient had surgery 1.5 years ago for a rotator cuff repair and a manipulation of the shoulder over 1 year ago. The documentation is not clear why the patient cannot perform an independent home exercise program. The patient has had 24 post-operative sessions for this condition. At this point, the patient is beyond the post-surgical treatment period. The guidelines recommend up to 10 visits at this point for her shoulder. The request for 16 physical therapy visits is not medically necessary.