

Case Number:	CM15-0000313		
Date Assigned:	01/09/2015	Date of Injury:	06/20/2013
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old female, who sustained an industrial injury on 06/20/2013. She has reported subsequent severe neck and lower back pain and more recent development of left shoulder pain. MRI of the left shoulder showed mild rotator cuff tendinosis with low grade bursal surface fraying of the supraspinatus tendon and mild osteoarthritis of the a.c. joint. The diagnoses have included brachial neuritis or radiculitis NOS, thoracic or lumbosacral neuritis or radiculitis unspecified and other derangement of the shoulder region, left. Treatment to date has included oral pain medication and physical therapy. The IW was also noted to have undergone a left shoulder arthroscopy with extensive debridement of the glenohumeral joint and subacromial space with lysis of adhesions and bursectomy on 11/10/2014. Currently the IW complains of continued left shoulder pain. The most recent treating physician progress note from 11/18/2014 notes that moderate tenderness of the anterior shoulder was present with positive impingement signs and that PT would be continued. The most recent physical therapy note from 12/01/2014 noted that the IW continued to struggle with all active range of motion movements and that pain levels were limiting her progression. A physician request for an additional 12 visits of PT to the left shoulder was made. On 12/17/2014, Utilization Review partially certified a request for physical therapy visits, approving 6 out of the 12 post operative physical therapy visits of the left shoulder that were requested. The UR physician noted that 18 sessions of PT had already been approved and that although medical necessity of additional PT had been established, there was no documentation functional improvement or benefit. MTUS post-surgical guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of additional post-operative physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: On 11/10/2014 the injured worker underwent diagnostic and operative arthroscopy of the left glenohumeral joint and subacromial space with extensive debridement, lysis of adhesions and manipulation under anesthesia and bursectomy. Postoperatively 18 sessions of physical therapy had been approved. A request for 12 additional sessions was modified by utilization review to 6 additional sessions, a total of 24 sessions. The diagnosis was arthrofibrosis. California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for adhesive capsulitis. The initial course of therapy is 12 visits and then with documentation of objective functional improvement a subsequent course of 12 visits may be prescribed. The postsurgical physical medicine treatment can be up to 6 months. The modification of the request by utilization review to allow 24 visits was appropriate and medically necessary. The request for additional 12 visits as stated exceeded the guidelines and as such, the medical necessity of the request was not substantiated.