

Case Number:	CM15-0108715		
Date Assigned:	06/15/2015	Date of Injury:	12/15/2014
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old, female who sustained a work related injury on 12/15/14. The diagnoses have included right frozen shoulder, right shoulder internal derangement and rule out torn rotator cuff. Treatment has included fluoroscopic arthrography of right shoulder on 4/16/15. In the PR-2 dated 4/20/15, the injured worker reviewed MRI results with physician. He has decreased range of motion in right shoulder. The treatment plan includes a request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG- and shoulder pain - pg 27.

Decision rationale: According ODG to the guidelines, therapy for adhesive capsulitis post-arthroscopy is recommended for 18 to 24 sessions. In this case, the claimant had a diagnosis of adhesive capsulitis, but the MRA showed not abnormalities. There was no indication that shoulder therapy cannot be performed at home. The MTUS and ACOEM guidelines recommended therapy in a fading frequency and limit to 8-10 sessions. The request for 12 sessions of PT is not medically necessary.