

Case Number:	CM15-0167141		
Date Assigned:	09/04/2015	Date of Injury:	06/03/2014
Decision Date:	10/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 06-03-2014. He reported injury to the left shoulder. The diagnoses have included left shoulder sprain-strain; left shoulder adhesive capsulitis; left shoulder external impingement; and left shoulder biceps tendinitis. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Relafen, Voltaren, and Flexeril. A progress report from the treating physician, dated 07-08-2015, documented an evaluation with the injured worker. The injured worker reported significant improvement with the physical therapy, home therapy, and rest, since his last office visit, on 04-27-2015; he continues to have some weakness, stiffness, and numbness; he is very optimistic that his left shoulder will continue to improve; his is now more concerned with his RSD (reflex sympathetic dystrophy) in his right hand; and he is in the process of being evaluated for his RSD. Objective findings included he is no acute distress; he is non-tender to palpation to his left acromioclavicular joint, sternoclavicular joint, greater tuberosity, posterior joint line, and bicipital groove; his range of motion today is approximately 175 degrees of flexion, 70 degrees of external rotation at the side, 85 degrees of external rotation and abduction, and internal rotation of T7; he has 5 out of 5 strength in his rotator cuff; he does have pain at extreme particularly in external rotation and abduction, as well as internal rotation; and his sensation is intact to light touch in his median, ulnar, and radial nerve root distributions. The treatment plan has included the request for 18 additional physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Additional physical therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary, Physical Therapy guidelines for adhesive capsulitis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with some weakness, stiffness, and numbness in the left shoulder. The current request is for 18 additional physical therapy visits for the left shoulder. The treating physician states, in a report dated 07/15/15, "Continue Physical Therapy; 2-3 times per week/6 weeks - 18 sessions." (26B) The request is for non-surgical treatment of Adhesive Capsulitis. MTUS guidelines allows 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms. In this case, the treating physician, in a report dated 07/08/15, "At this point the patient is going to continue doing his home exercises. He almost reaches the range of motion of his contralateral side." (29B) 36 previous sessions of Physical Therapy have been authorized, per the UR letter dated 07/23/15 (8A) There is no documentation to support an additional 18 sessions over the 36 already authorized, and the patient is currently on a home exercise program. The current request is not medically necessary.