

Case Number:	CM15-0188509		
Date Assigned:	09/30/2015	Date of Injury:	02/02/2009
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This injured worker is a 63 year old female who reported an industrial injury on 2-2-2009. Her diagnoses, and or impressions, were noted to include: cervical spine sprain-strain with radiculitis and disc protrusion, status-post cervical spine surgery; left shoulder pain compensatory tendinosis, adhesive capsulitis, subacromial bursitis, cuff tear, failure of conservative treatment including injections; and status-post left shoulder surgery with left shoulder post-scapoid adhesive capsulitis and post-traumatic post-surgical adhesive capsulitis. No current imaging studies were noted. Her treatments were noted to include: 24 post-operative physical therapy sessions for the left shoulder; medication management; and rest from work. The progress report of 7-29-2015 reported complaints which included: worsening neck pain, rated 5-6 out of 10 from 3 out of 10 last visit, and decreased left shoulder pain, rated 5 out of 10 from 6-7 out of 10 last visit. The objective findings were noted to include: grade 2 tenderness over the cervical paraspinal muscles, increased from grade 1-2 on the previous visit, with 2 palpable spasm, decreased from 3 on the last visit; restricted cervical range-of-motion; grade 2 tenderness over the left shoulder, decreased from grade 2-3 the previous visit, with restricted range-of-motion and positive supraspinatus and Codman's arm test (drop). The physician's requests for treatment were noted to include: physical therapy for evaluation and treatment of the cervical spine and left shoulder, with massage of the cervical spine, 3 x a week for 4 weeks. The Request for Authorization, dated 7-29-2015, was noted to include physical therapy for evaluation and treatment of the cervical spine and left shoulder, with massage of the cervical spine, 3 x a week

for 4 weeks. The Utilization Review of 8-27-2015 non-certified the request for post-operative physical therapy for the left shoulder, x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for Post-operative physical therapy left shoulder. The treating physician report dated 7/29/15 (28B) states, "The patient is prescribed physical therapy for evaluation and treatment of the cervical spine and left shoulder." The MTUS-PSTG supports post-operative physical medicine (physical therapy and occupational therapy) 24 sessions for adhesive capsulitis over 14 weeks. The medical reports provided show the patient has received at least 24 visits of post-operative physical therapy for the left shoulder previously. The patient is status post left shoulder surgery on 2/15/15 with post scaphoid adhesive capsulitis. In this case, the current request does not specify a quantity of physical therapy sessions to be received by the patient and the MTUS guidelines do not support an open-ended request. Furthermore, the patient has received 24 visits of postoperative physical therapy to date and there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.