

Case Number:	CM15-0191583		
Date Assigned:	10/05/2015	Date of Injury:	10/30/2013
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho
 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:

This is a 76 year old female who sustained a work-related injury on 10-30-13. Medical record documentation revealed the injured worker was being treated for status post left shoulder arthroscopy for chronic acromioclavicular joint arthritis and rotator cuff degeneration. She had a lidocaine-Kenalog injection on 3-10-15 and the pain was improved by 50%. She completed 24 physical therapy sessions and discontinued her use of anti-inflammatories (6-9-15). On 8-5-15, the injured worker reported recurrence of her left frozen shoulder. She had loss of motion, forward flexion, abduction, internal rotation, external rotation by at least 25%. She had pain on extremes of motions. A request for physical therapy for the left shoulder was received on 9-16-15. On 9-23-15, the Utilization Review physician modified the request for physical therapy for the left shoulder to four sessions of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, quantity: 8 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the injured worker has completed a course of 24 visits. The note from 5/9/15 documents functional improvement from her initial course of physical therapy. The request is no for additional physical therapy due to recurrent adhesive capsulitis. The CA MTUS ACOEM Guidelines are silent on the issue of medical treatment for adhesive capsulitis and osteoarthritis. Therefore, ODG-TWC, shoulder section was consulted. These guidelines recommend 16 visits over 8 weeks for the diagnosis of adhesive capsulitis and 9 visits over 8 weeks for osteoarthritis. Based on these guidelines the request for physical therapy is supported and therefore is medically necessary.