

Case Number:	CM15-0196270		
Date Assigned:	10/09/2015	Date of Injury:	07/20/2013
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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 is a 58-year-old male with a date of industrial injury 7-20-2013. The medical records indicated the injured worker (IW) was treated for adhesive capsulitis, right shoulder; rotator cuff syndrome, unspecified, right. In the progress notes (7-8-15 and 8-19-15), the IW reported pain, stiffness and loss of motion in the right shoulder. He rated the pain 4 out of 10 and stated he did not feel home exercise was helping. On examination (8-19-15 notes), he was not improved overall since his last exam (7-8-15); there was mild tenderness to palpation "GT" and mild crepitus felt in "SAS" with range of motion. Active and passive range of motion was limited. Forward flexion was 135 degrees, abduction 90 degrees, extension to 15 degrees, external rotation to 15 and internal rotation to right buttock. Strength was decreased to resistance due to pain and discomfort at 90 degrees abduction and forward flexion. Sensation was intact bilaterally. Treatments included previous postoperative physical therapy and home exercise program. The IW was working without restrictions. He had chosen to undergo shoulder manipulation under anesthesia. A Request for Authorization was received for post-operative physical therapy for the right shoulder, unknown number of sessions and duration. The Utilization Review on 9-24-15 modified the request for post-operative physical therapy for the right shoulder, unknown number of sessions and duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the right Shoulder, Unknown number of sessions and duration: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with right shoulder pain and stiffness with loss of motion. The current request is for an unknown quantity of post-operative physical therapy for the right shoulder. The UR dated 9/24/15 (9B) modified the request to Post-operative physical therapy for the right shoulder, 12 sessions. The treating physician requests on RFA dated 9/10/15 (54B) post-op physical therapy for right shoulder referencing post op adhesive capsulitis and improving very slowly with HEP. MTUS Post Surgical Treatment Guidelines state, "Adhesive capsulitis (ICD9 726.0): postsurgical treatment: 24 visits over 14 weeks postsurgical physical medicine treatment period: 6 months." In this case, the request is for an unknown number of sessions and therefore cannot be supported as the MTUS PSTG do not recommend an open ended number of treatments following surgery. The current request is not medically necessary.