

Case Number:	CM15-0204417		
Date Assigned:	10/21/2015	Date of Injury:	09/13/2013
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Minnesota, Florida
 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:

The injured worker is a 54 year old female who sustained an industrial injury on 9-13-13. A review of the medical records indicates that the injured worker is undergoing physical therapy treatments for adhesive capsulitis. She is 3 months status post manipulation under anesthesia and arthroscopy left shoulder with subacromial decompression and partial claviclectomy. She had completed 24 PT sessions. Medical records dated 10-2-15 indicate "she does not report any pain today." Records indicate improving of the injured workers activities of daily living. Provider documentation dated 10-2-15 noted the work status as temporarily partially disabled. Treatment has included physical therapy, transcutaneous electrical nerve stimulation unit, and status post left shoulder arthroscopy. Objective findings dated 10-2-15 were notable for well healed incisions, "smooth pendulum range of motion", intact sensation and pulses distally. The original utilization review (10-12-15) denied a request for post-operative physical therapy 2 times a week for 6 weeks (12 additional sessions) for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks (12 additional sessions) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The injured worker underwent manipulation under anesthesia and arthroscopy of the left shoulder on 7/2/2015 with subacromial decompression and partial claviclectomy. She had received 24 physical therapy treatments through 10/2/2015. The notes indicate that she had some persisting weakness of the shoulder but once the arm was elevated overhead, she could hold it there. Forward flexion was 90 and abduction 60. She was familiar with the exercise program. California MTUS guidelines indicate 24 visits over 14 weeks for adhesive capsulitis. The initial course of therapy is one-half of these visits, which is 12. Then, with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The injured worker had completed 24 visits and was familiar with the exercise program. Therefore, there was no reason why she could not transition to a home exercise program to continue strengthening. As such, the request for 12 additional sessions of physical therapy is not supported and the request is not medically necessary.