

Case Number:	CM15-0038211		
Date Assigned:	03/06/2015	Date of Injury:	07/22/2013
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 65-year-old male who reported an injury on 07/22/2013. The mechanism of injury was not stated. The current diagnosis is resolving adhesive capsulitis of the right shoulder. It is also noted that the injured worker is status post capsular release and closed manipulation on 12/09/2014. The injured worker presented on 02/18/2015 for a follow-up evaluation. The injured worker reported an improvement in pain; however, reported difficulty with internal rotation. Upon examination, there was 160 degree forward flexion and abduction, 70 degree external rotation and internal rotation to T10. There was 5/5 motor strength. Recommendations included additional physical therapy for modalities, range of motion and stretching exercises. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times a week for 6 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, an initial 10 sessions of postoperative physical therapy was requested in 12/2014. The total number of sessions completed is unknown. There is no documentation of a significant functional limitation upon examination. There is no mention of a contraindication to a home exercise regimen. The request for an additional 18 sessions would not be supported in the absence of a significant functional deficit. Given the above, the request is not medically appropriate.