

Case Number:	CM15-0058083		
Date Assigned:	04/02/2015	Date of Injury:	10/08/2013
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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 52 year old female, who sustained an industrial injury on 10/08/2013. She reported immediate loss of arm strength, inability to lift the arm, pain in the neck, numbness in the arm and inability to sleep. Treatment to date has included medications, physical therapy, x-rays, corticosteroid injection to the left shoulder and MRI. Diagnoses include adhesive capsulitis left shoulder and chronic pain syndrome. Currently, the injured worker complains of left shoulder, arm, hand and back pain. Treatment plan included left shoulder surgery, preoperative labs, postoperative physical therapy and a cold compression unit. The disputed issue is a request for 24 physical therapy sessions after surgery for impingement syndrome and adhesive capsulitis of the left shoulder. The documentation also indicates that surgery was not certified as of 3/6/2015 and therefore the post-surgical physical therapy was also not certified.

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 12 weeks for the Left Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis and the same for impingement syndrome. 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 12 visits may be prescribed. The request as stated is for 24 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been established. The available documentation does not indicate certification of the surgical procedure, therefore the request for post-operative physical therapy is not medically necessary.