

Case Number:	CM15-0084480		
Date Assigned:	05/06/2015	Date of Injury:	01/20/2014
Decision Date:	07/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 54-year-old female who sustained an industrial injury on 01/20/2014. Diagnoses include status post left shoulder open reduction internal fixation. Treatment to date has included medications, surgeries, home exercise program and physical therapy. According to the progress notes dated 3/3/15, the IW reported significant improvement in left shoulder pain and in range of motion since beginning physical therapy two weeks prior to the visit. She was post-op left shoulder open reduction internal fixation with subsequent partial collapse treated by the removal of hardware. On examination, the left shoulder was non-tender throughout; forward flexion and abduction was about 90 degrees. She could internally rotate to her back pocket and external rotation was 15 degrees. X-rays showed some bony humeral arthritis and overall varus alignment which was essentially unchanged from the previous films. A request was made for physical therapy twice weekly for six weeks for the left shoulder (quantity 12) to allow for continued improvement in shoulder pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for the left shoulder, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent ORIF of a proximal left humerus fracture. She underwent hardware removal in August 2014 and has significant degenerative changes of the humeral head with partial collapse. When seen, there had been improvement after eight sessions of physical therapy for the treatment of adhesive capsulitis. Physical examination findings included decreased shoulder range of motion. An additional 12 physical therapy sessions were requested. Guidelines recommend up to 16 visits over 8 weeks for the treatment of adhesive capsulitis when being managed medically. In this case, the number of additional treatments being requested is in excess of the guideline recommendation. The claimant has already had physical therapy and compliance with a home exercise program would be expected and could include use of a home pulley system for strengthening and range of motion. Providing the number of additional skilled physical therapy services requested would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request was not medically necessary.