

Case Number:	CM14-0095786		
Date Assigned:	07/25/2014	Date of Injury:	08/16/2010
Decision Date:	10/21/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year old female who was reportedly injured on 08/16/2010. The mechanism of injury was not listed in the records reviewed. Diagnoses are right shoulder impingement syndrome status post surgery, de Quervain's tenosynovitis and lateral epicondylitis. Prior history of a rotator cuff and SLAP repair was noted. Previous treatments included medications, transcutaneous electrical nerve stimulation unit, massage, H-wave and acupuncture sessions which provided some relief. Per physical therapy note dated 11/15/2013, the injured worker has completed 12 visits from 09/30/2013-11/15/2013. Increased range of motion, strength and function. Mild to moderate pain note with Full range of motion with pain. Strength was at 4+/5. The last progress report dated 05/08/2014 noted the injured worker complaining of pain in the right wrist, right elbow and right shoulder radiating into the neck. Current medications include Vicodon, quazepam and pantoprazole. Physical examination revealed crepitus to the right shoulder and limited range of motion with pain. Forward flexion motor strength in the right elbow is at 3+/5 and on the left 4/5. Left grip strength is at 4+/5 with limited range of motion. There is positive Apprehension, Hawkins and Speed's test in the bilateral shoulders. There is positive Phalen's and Finkelstein's test on the right elbow and wrist. The claimant has had a suboptimal result from the right shoulder surgery and is now diagnosed a Frozen shoulder. She has failed to improve with a self directed Home Exercise program. A request was made for Physical Therapy 2x/Week x 5Weeks and was denied on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 5Wks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Neck and Upper Back; Shoulder; Elbow; Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy,

Decision rationale: The injured worker has had a suboptimal result from the right shoulder surgery and now has a diagnosis of frozen shoulder. She has failed to improve with a self directed Home Exercise program. A request was made for Physical Therapy 2x/Week x 5Weeks. California Medical Treatment Utilization Schedule (CAMTUS) does not specifically address frozen shoulder/adhesive capsulitis. It does provide for Myalgias/Myositis unspecified (ICD9 729.0) 9-10 visits over 8 weeks. Under specific Official Disability Guidelines (ODG) recommendations 16 visits over 8 weeks would average to 2 visits per week, combining that with nonspecific guidelines from CAMTUS of 10 visits; it can be calculated that 10 visits over 5 weeks would meet CAMTUS for total visits while complying with ODG recommendations. Therefore, the 10 visits at 2 /week x 5 weeks are medically necessary.