

Case Number:	CM14-0000330		
Date Assigned:	01/10/2014	Date of Injury:	08/21/2012
Decision Date:	01/05/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgeon, has a subspecialty in Sport Medicine, and is licensed to practice in Texas & Virginia. 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 41-year-old male who reported an injury on 08/21/2012. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses included adhesive capsulitis to the right shoulder. The injured worker's past treatments included physical therapy to the right shoulder. There were no official diagnostic imaging studies submitted for review. The injured worker's surgical history included right shoulder arthroscopy. The subjective complaints on 11/24/2014 included right shoulder pain. The patient rated the pain to the right shoulder at 3/10 to 4/10. The objective physical exam noted right shoulder flexion of 130 degrees, extension of 25 degrees, abduction of 130 degrees, and adduction of 70 degrees. The supraspinatus press test was positive to the right shoulder. It was also noted that there was tenderness and spasms on the right trapezius, supraspinatus, deltoid, and pectoris major. The injured worker's medications were not documented within the clinical note. The treatment plan was to request physical therapy. A request was received for 12 sessions of physiotherapy visits. The rationale for the request was not provided. The Request for Authorization form was dated 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSIOTHERAPY VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

Decision rationale: The request for twelve (12) physiotherapy visits is not medically necessary. The California MTUS Postsurgical Treatment Guidelines state that for rotator cuff syndrome/impingement syndrome, postsurgical treatment up to 24 visits of physical therapy may be supported and continued visits are contingent upon objective functional improvement. It was documented in the clinical notes that the patient had attended at least 12 sessions of physical therapy to the right shoulder. The patient has made functional and subjective improvements from the previous therapy sessions. Given the above the request is supported. As such, the request is medically necessary.