

Case Number:	CM14-0164033		
Date Assigned:	10/08/2014	Date of Injury:	10/25/2011
Decision Date:	06/30/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on October 25, 2011. She reported left shoulder, left elbow, and cervical spine injuries due to repetitive work activities. The injured worker was diagnosed as having left adhesive capsulitis and cervical spine herniated nucleus pulposus. She was status post a left subacromial decompression, rotator cuff repair, extensive debridement, and excision of clavicle. Diagnostic studies to date have included an MRIs, x-rays, and an electromyography/nerve conduction study. Treatment to date has included left shoulder steroid injections, work modifications, and physical therapy with manual therapy, laser, and myofascial release for the left shoulder. On August 4, 2014, the treating physician noted injured worker is improving with physical therapy. The physical exam revealed range of motion: 160/140, decreased strength, decreased internal rotation, spasms of the rhomboid spasms, and a positive Spurling's. The treatment plan includes 8-18 sessions of physical therapy and 6 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week x 6 weeks left capsulitis and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/ Physical Therapy.

Decision rationale: The MTUS guidelines do not specifically mention the recommended treatment duration for this IW's condition, however ODG states that adhesive capsulitis following extensive debridement is recommended for 24 sessions over 14 weeks. According to the records provided the IW has already undergone some PT which was felt to be beneficial. While it is not entirely clear, the records reviewed make it appear that there were two courses of PT conducted in 2014; a 12 session course at [REDACTED] was initiated in early March, and another course which took place in June 2014. As the peer reviewer notes there is no indication that a HEP was attempted or initiated since the past attempt at organized PT. Prior to initiating another extended course of PT, the MTUS guidelines suggest first attempting a HEP. The request is not medically necessary.