

<b>Case Number:</b>	CM15-0110007		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male who reported an industrial injury on 12/16/2014. His diagnoses, and/or impressions, are noted to include: left proximal humerus fracture, non-displaced; and adhesive capsulitis of the left shoulder. No current imaging studies are noted. His treatments have included consultations; diagnostic studies; physical therapy; medication management; and modified/light work duties which are not available. The progress notes of 3/26/2015 noted a follow-up visit with complaints of mild, intermittent and non-radiating, achy pain in the left shoulder that was aggravated by activities, and relieved by rest. Objective findings were noted to include no distress; and diffuse tenderness with decreased range-of-motion in the left shoulder. The physician's requests for treatments were noted to include an additional 6 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 x 3 weeks, focus on scapular dyskinesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-physical therapy-Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks.

**Decision rationale:** Physical therapy, 2 x 3 weeks, focus on scapular dyskinesia is not medically necessary per the MTUS Guidelines and the ODG. The documentation indicates that the patient was authorized 18 visits post non displaced humeral fracture which is what the ODG Guidelines recommend for medical management of this condition. The MTUS Guidelines only addresses surgical management of this condition and recommend 24 visits post surgery. The documentation indicates that the patient has made improvements in range of motion per physician notes. There are no PT notes available for review. At this point the patient should be transitioning to an independent home exercise program as recommended by the MTUS Guidelines. The request for 6 more therapy sessions is not medically necessary.