

Case Number:	CM15-0170664		
Date Assigned:	09/11/2015	Date of Injury:	01/20/2005
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female, who sustained an industrial-work injury on 1-20-05. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder surgery with residuals, upper extremity radiculopathy, and status post right shoulder arthroscopy with rotator cuff repair on 1-16-14. Medical records dated (3-23-15 to 7-13-15) indicate that the injured worker complains of intermittent bilateral shoulder pain and neck pain rated 3-8 out of 10 on the pain scale with radiation of pain to the bilateral upper extremities and into the shoulder. Per the treating physician report dated 7-13-15 the injured worker is temporary partially disabled with restrictions. The physical exam dated 7-13-15 reveals that the incisions are clean, dry and intact but she definitely has adhesive capsulitis. She also has about 40 degrees of internal and external rotation which is quite restricted. The physician notes that she has on and off symptomology but what worries him is she only has about 90 degrees of forward flexion and abduction with signs and symptoms of adhesive capsulitis. She has rotator cuff tear on the left side and in need of arthroscopic repair but notes that until she is recovered on her right side with the residual issues he does not want to offer that. The physician also notes that she has had 12 physical therapy sessions and would recommend more therapy to give her motion by nearly 50 percent. He recommended 12 more physical therapy sessions after the Right shoulder manipulation under anesthesia with the cortisone and Marcaine injection to reduce her symptoms and tolerate the therapy more and improve her motion and function. The Magnetic Resonance Imaging (MRI) of the right shoulder dated 9-23-13 reveals that abnormal signal at the site of insertion of the infraspinatus tendon may represent a partial tear to the bursal surface,

severe tendinosis or tendinitis or a partial intrasubstance tear. Treatment to date has included pain medication, activity modifications, off of work, diagnostics, surgery, physical therapy at least 12 sessions, and other modalities. The original Utilization review dated 8-3-15 denied a request for Associated surgical service: transportation to and from the facility as there is no documentation indicating that the injured worker is unable to take public transportation or that there is no one that will give her a ride to the facility and denied the request for Associated surgical service: physical therapy; twelve additional visits as the injured worker is certified for 8 sessions of physical therapy after adhesive capsulitis repair. After the 8 sessions of therapy, the injured worker needs to be assessed to see if additional physical therapy is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: transportation to and from the facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter-Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam note from 7/13/15 does not demonstrate evidence of functional impairment precluding self transportation. Therefore the determination is not medically necessary.

Associated surgical service: physical therapy; twelve additional visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case 12 PT visit after manipulation of the shoulder for the diagnosis of adhesive capsulitis does comply with the MTUS guidelines. Therefore the determination is medically necessary.

