

Case Number:	CM15-0023512		
Date Assigned:	02/13/2015	Date of Injury:	11/11/2013
Decision Date:	07/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25-year-old male, who sustained an industrial injury on November 11, 2013. He reported an injury to his right shoulder and was diagnosed with type III AC separation. Treatment to date has included physical therapy, shoulder surgery, work restrictions, and medication. Currently, the injured worker continues with symptoms related to his right shoulder. His right shoulder range of motion is limited and there is tightness at the extreme of all range of motion. Hawkins and Neer Tests were negative as well as a Speeds and O'Brien's test. He had 4 out of 5 strength in the deltoid, biceps, triceps, wrist dorsiflexors, wrist volar flexors, and first dorsal interosseous and abductor pollicis brevis muscles bilaterally. Sensation was intact in the bilateral upper extremities and his deep tendon reflexes were normal and symmetric. A physical therapy evaluation on October 12, 2014 revealed the injured worker had limited range of motion and muscle guarding. The reported noted that he was making excellent progress but strength was still within the 4+-5 range. He reported his pain as a 3-4 on a 10-point scale. The diagnoses associated with the request include mild adhesive capsulitis status post shoulder surgery. The treatment plan includes continued physical therapy to his right shoulder and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, 12 visits (3 x wk x 4 wks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 10, 27.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of 20 authorized PT sessions, with 12 completed and 8 still pending at the time of the utilization review. The reviewer noted that the provider's office withdrew the request given that 8 sessions were still pending. As there are still pending PT sessions, there is no clear indication for authorization of additional sessions at this time. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.