

Case Number:	CM15-0043427		
Date Assigned:	03/13/2015	Date of Injury:	04/01/2013
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 59-year-old male who reported injury on 04/01/2013. The diagnoses included right frozen shoulder. The mechanism of injury was lifting. The injured worker was noted to be status post right shoulder arthroscopic rotator cuff repair on 08/06/2014. The documentation of 03/06/2015 revealed the injured worker underwent a right shoulder manipulation under anesthesia on 03/05/2015. The injured worker was noted to go to physical therapy and was noted to be scheduled for 11 more sessions daily, except for weekends. The injured worker had immediate motion increase, as well as less pain following the manipulation. The injured worker indicated he would continue with home stretching exercises throughout the weekend. The injured worker had complaints of occasional neck pain. The injured worker had an immediate increase in motion, as well as decreased pain since the manipulation under anesthesia. The injured worker had complaints of constant pain, but to a lesser level. The injured worker had difficulty with dressing and bathing independently. The medications included Norco 10 mg 2 to 3 tablets per day, omeprazole 2 tablets per week and anxiety pills 1 per day. The physical examination revealed forward flexion to 0 degrees to 165 degrees bilaterally. Extension was 45 degrees bilaterally. Adduction was 35 degrees bilaterally. Passive abduction of the glenohumeral joint with the scapulae held and fixed was 90 degrees bilaterally. External rotation in maximum abduction was 90 degrees bilaterally and internal rotation maximum abduction was 40 degrees bilaterally. Strength was 5/5. The injured worker had minimal pain with all range of motion. The diagnoses included status post right shoulder manipulation under anesthesia with recovered range of motion. The treatment plan included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 22 sessions: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker underwent manipulation under anesthesia and had multiple other complaints. The request as submitted failed to indicate the specific body part to be treated. The dates of services were not provided, nor were notes to support 22 sessions of therapy. There was a lack of documentation of objective functional deficits to support 22 sessions and the objective response to prior therapy was not provided. The request as submitted failed to indicate the body part to be treated or that was treated. Given the above, the request for physical therapy 22 sessions is not medically necessary.