

Case Number:	CM15-0065577		
Date Assigned:	04/13/2015	Date of Injury:	07/22/2013
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/07/2015

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: Minnesota, Florida
 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 65-year-old male with a date of injury of 7/22/2013. The body part injured was the right shoulder. His initial diagnosis was frozen shoulder and impingement syndrome. He underwent surgery in November 2013 consisting of arthroscopic subacromial decompression and Bankart repair. He developed chronic loss of motion with inability to achieve external rotation of the arm and limited elevation. He had extensive physical therapy, anti-inflammatory medications and corticosteroid injections. There is also a history of chronic neurological pain syndrome and type 2 diabetes. An MR arthrogram of the right shoulder performed on 4/7/2014 revealed mild partial articular surface tear of the supraspinatus tendon. There was no evidence of any full-thickness rotator cuff tear. A subtle signal abnormality involving the posterior labrum was noted which may represent postsurgical changes. EMG and nerve conduction studies of the upper extremities performed on 5/16/2014 revealed moderate bilateral carpal tunnel syndrome and mild right ulnar neuropathy without clear compression site at the elbow. On 12/9/2014 the injured worker underwent a capsular release and closed manipulation of the right shoulder for adhesive capsulitis. The operative report has not been submitted. Per the orthopedic progress note dated 2/18/2015, the injured worker reported diminished pain status post arthroscopic capsular release of the right shoulder. He was still having some difficulty with internal rotation. Physical examination revealed residual rotator cuff weakness. Range of motion was 160° of flexion, external rotation 70° and internal rotation to T10. The provider requested 6 additional physical therapy sessions for the right shoulder. The

request was non-certified by utilization review citing CA MTUS guidelines. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS postoperative physical medicine treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis. The initial course of therapy is 12 visits and then with documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed. The injured worker had undergone 34 supervised postoperative physical therapy sessions. The office notes dated 2/18/2015 document good range of motion in the shoulder with near full flexion. There was no reason given why he could not continue with a home exercise program at that time. Documentation of continuing objective functional improvement has not been provided. In fact there was no change in his subjective complaints or the range of motion reported after the recent physical therapy. As such the request for 6 additional visits is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.