MAXIMUS Federal Services

Case Number:	CM14-0137232		
Date Assigned:	09/05/2014	Date of Injury:	07/18/2013
Decision Date:	11/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year old male who was injured on 07/18/2013 while drilling a screw into the wall 5 feet above the ground when lost his balance and injured his left wrist. Prior treatment history has included hypertension medications and ibuprofen and physical therapy sessions. MRI dated 05/09/2014 of the left shoulder revealed the patient has a full thickness and complete tears of the supraspinatus and infraspinatus tendons. There is retraction to the level of the glenohumeral joint, measuring 4.2 cm. There is fatty atrophy of the infraspinatus tendon and mild atrophy of the supraspinatus tendon; Moderate to severe acromioclavicular joint degenerative changes with capsular hypertrophy and inferior osteophytosis. Interim report dated 03/28/2014 documented the patient to have complaints of stiffness of his lumbar spine in spite of treatment and he has pain and weakness in his left hand. On exam, the left shoulder revealed abduction to 80 degrees; external rotation to 50 degrees and internal rotation 30 degrees. The patient is diagnosed with fracture of the left distal radius; left shoulder adhesive capsulitis; and status post open reduction internal fixation, left wrist. The patient was recommended for retrospective physical therapy, 12 sessions. Prior utilization review dated 08/05/2014 states the request for Retrospective physical therapy - 12 visits for the left shoulder is modified to certify 10 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy - 12 visits for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The above ODG guidelines for shoulder physical therapy recommend medical treatment of 16 visits for a diagnosis of adhesive capsulitis. In this case, date from 11/19/13 reports a diagnosis of adhesive capsulitis. Physical therapy notes provided a show 9 visit dated between 1/31/14 through 2/28/14, which entails another 7 visits, is authorized, and there is no other physical therapy noted in the provided documentation. The request is for 12 retrospective PT sessions, with 7 sessions remaining per recommendation. Because I am asked to decide yes or no regarding medical necessity, and not to modify the order, I will lean towards the side of patient care in this case and approve all 12 sessions rather than 0 sessions. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.