

Case Number:	CM14-0144205		
Date Assigned:	09/12/2014	Date of Injury:	09/12/2012
Decision Date:	10/07/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48 year old male with an injury date of 09/12/12. Based on a 04/17/14 progress report provided by [REDACTED] patient has persistent pain, weakness and discomfort involving the right shoulder with subsequent swelling in the right hand. There is also global stiffness to the shoulder joint. Per a 04/21/14 progress report by [REDACTED] patient sustained a right distal clavicle fracture, possibly one or more broken right ribs, and a right shoulder injury which may have involved a humeral head fracture at time of injury. Progress report dated 03/31/14 states that patient went to ER and underwent arthroscopic joint lavage and clean out. The procedure was for Staph Aureus infection in right shoulder, and was performed on 03/28/14. Per progress report dated 04/21/14, physical examination shows that range of motion is limited and painful on both shoulders. Patient is a diabetic, and further treatment for the right shoulder should continue with infectious disease with appropriate consultation and monitoring for further sepsis and/or post infectious changes or disruption of the joint. The physician report dated 03/06/14 states that patient should have aggressive therapy with regard to his adhesive capsulitis. MRI of right shoulder dated 02/14/14- large glenohumeral joint effusion noted with heterogeneous internal debris- heterogeneous patchy bone marrow edema suggestive of avascular necrosis osteomyelitis or potential rheumatological condition. Diagnosis 04/21/14 by [REDACTED] status post right clavicle fracture- septic right shoulder joint, PICC line with antibiotics [REDACTED] is requesting 12 Physical Therapy Sessions 2 x 6 for the right Shoulder. The utilization review determination being challenged is dated 08/12/14. The rationale is "claimant was previously approved for 12 PT sessions for the right shoulder. However, there is limited documentation of when these were performed and how the

claimant responded to such treatments." [REDACTED] is the requesting provider, and he has provided treatment reports from 07/22/13 - 04/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions 2x6 for The Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26-27.

Decision rationale: The patient presents with persistent pain, weakness and discomfort involving the right shoulder with subsequent swelling in the right hand. The request is for 12 Physical Therapy Sessions 2 x 6 for the right Shoulder. The physician report dated 04/21/14 states patient is status post right shoulder arthroscopic lavage and clean out. The physician report dated 03/06/14 states that patient should have aggressive therapy with regard to his adhesive capsulitis. With regards to physical therapy, MTUS guidelines pages 26, 27 states "shoulder (post-surgical) Adhesive capsulitis (ICD9 726.0): Post-surgical treatment: 24 visits over 14 weeks *postsurgical physical medicine treatment period: 6 months." Per utilization review letter dated 08/12/14, patient was approved for 12 physical therapy visits. Request of additional 12 visits is within MTUS guidelines postoperative treatment period. This request is considered medically necessary.