

Case Number:	CM14-0140629		
Date Assigned:	09/10/2014	Date of Injury:	05/11/2011
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 57 year old male who was injured on 05/11/2011. The mechanism of injury is unknown. Prior treatment history has included 12 visits of physical therapy and home exercise program, and Norco. The patient underwent right shoulder arthroscopic capsular release, extensive debridement and gentle manipulation under anesthesia on 01/21/2014. Diagnostic studies reviewed include MRI of right shoulder dated 08/08/2013 revealed moderate cuff tendinopathy with insertional fraying, minor bursitis; mild AC joint degenerative joint disease; and minor glenohumeral capsular scarring. Progress report dated 05/21/2014 states the patient presented with right shoulder pain. He has been taking Norco 10/325 mg with minimal improvement. On exam, forward elevation is to 140 degrees; external rotation is to 30 degrees; internal rotation is to L5; and abduction strength is 5/5 as in internal rotations strength. The patient is diagnosed with status post right shoulder arthroscopic capsular release. The patient is recommended for additional physical therapy. On physical therapy note dated 05/22/2014, range of motion of the right shoulder revealed flexion from 0-125 degrees; abduction is 0-120 degrees; external rotation is 0-50 degrees; internal rotation 0-70 degrees. On therapy note dated 05/08/2014, right shoulder range of motion revealed AROM flexion 120/135; abduction 100/105 with spasm and guarding. Prior utilization review dated 08/26/2014 by [REDACTED] states the request for Physical therapy for the right shoulder, 2 times a week for 6 weeks is denied as medical necessity has not been established. Patient had at least 24 sessions of PT and is now beyond 6 months from surgery 1/21/14.

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, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (<https://acoempracguides.org/Shoulder>) and Clinical Evidence, (www.clinicalevidence.com)
Section: Musculoskeletal Disorders: Condition : Shoulder Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy

Decision rationale: As per CA MTUS Chronic pain medical treatment guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Additionally, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. CA MTUS 9792.24.3 Post surgical treatment guidelines, California code of regulations, title 8, page 26 recommend 24 sessions of therapy in 14 weeks with a postsurgical physical medicine period of 6 months following capsular release for adhesive capsulitis. Patient had at least 24 sessions of PT and is now beyond 6 months from surgery 1/21/14. The patient has undergone prior physical therapy and should have been taught home exercise program which should be continued. Therefore, the medical necessity of the request is not established.