

Case Number:	CM13-0005680		
Date Assigned:	12/11/2013	Date of Injury:	07/09/2011
Decision Date:	05/07/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for chronic shoulder pain associated with an industrial injury of July 9, 2011. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and yoga; attorney representations; prior shoulder arthroscopy; a shoulder corticosteroid injection; and extensive periods of time off of work. In a September 23, 2013, progress note, the applicant is described as having ongoing issues with shoulder pain and stiffness status post earlier shoulder arthroscopy and status post earlier shoulder corticosteroid injection. The applicant's case and care have been complicated by diabetes. The applicant attended inpatient detoxification for alcohol abuse recently, it is noted. Limited shoulder range of motion is noted with flexion and abduction to 130 to 145 degrees. A TENS unit, self-directed stretching, and detoxification are endorsed. The applicant is described as totally temporary disabled until November 15, 2013, and was previously laid off from work on April 15, 2013. In a July 11, 2013, progress note, it is stated that the applicant has had eleven sessions of physical therapy as of that point in time. On June 20, 2013, the applicant was described as having persistent shoulder pain and stiffness with flexion and adduction limited to 110 to 135 degrees. The applicant underwent a shoulder corticosteroid injection and was asked to return to modified work. Additional physical therapy was sought. The applicant underwent a manipulation under anesthesia procedure of February 20, 2013, and arthroscopic lysis of adhesions on the same date. In a physical therapy note of June 7, 2013, it is stated that the applicant has had 28 sessions of physical therapy through that point in time.

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 PER WEEK FOR 4 WEEKS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant has had prior postoperative physical therapy (somewhere between 28 and 39 sessions), which is in excess of the 24-session course recommended by the California MTUS guidelines following the surgery for adhesive capsulitis on February 20, 2013. As further noted in the guidelines, the frequency of visits shall be gradually reduced over time and/or discontinued in cases in which no functional improvement is demonstrated. In this case, all the information on file suggests that the applicant reached a plateau with the sessions of physical therapy already obtained. Residual shoulder stiffness was evident, despite the applicant having undergone extensive therapy. Further, the applicant failed to return to work. Therefore, the requested physical therapy is not medically necessary or appropriate.