

<b>Case Number:</b>	CM13-0014319		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 58 year old female who sustained an injury to her left shoulder on 8/31/12. The mechanism of injury is unknown. Prior treatment history has included surgery to her left shoulder on 3/27/13, which entailed a closed manipulation of the left shoulder, and subacromial space injection of Marcaine in combination with Kenalog 40mg. At the same time of this surgery, she had a left carpal tunnel release. An x-ray of the left shoulder dated 9/14/12 revealed mild degenerative changes. An MRI of the left shoulder dated 12/6/12 revealed a partial thickness tear of the supraspinatus tendon; a full thickness tear cannot be excluded. Prominent degenerative change in the Glenohumeral and acromioclavicular joints with impingement on supraspinatus tendon was noted. There was moderate shoulder joint effusion. An electrodiagnostic study dated 12/12/12 showed an abnormal study with evidence for median neuropathy at the bilateral wrists; it was moderate to severe as evidenced by sensory slowing, reduced sensory amplitudes and asymmetrical comparison studies across the wrist. No electrophysiologic evidence for motor or sensory polyneuropathy, ulnar polyneuropathy at the elbow, brachial plexopathy or cervical radiculopathy. A PR-2 dated 9/17/13 documented the patient to be six months post left shoulder manipulation under anesthesia and open rotator cuff/labrum repair and left carpal tunnel decompression. The left shoulder is painful. Objective findings on exam reveal markedly reduced range of motion of the left shoulder. She has well-healed surgical incision. She has the following range of motion of the shoulder: flexion 85 degrees, extension 35 degrees, abduction 70 degrees, adduction 30 degrees, external rotation 65 degrees and internal rotation 55 degrees. There is reduced strength on the left shoulder. She has a negative Phalen's and positive Tinel's on the left wrist and hand. Pinprick sensation is intact in both of the hands and wrist. The impression is of left shoulder adhesive capsulitis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LEFT SHOULDER MANIPULATION AND 10 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, Postsurgical Treatment Guidelines.

**Decision rationale:** The medical records document that on 3/27/13, the patient underwent surgical interventions that included manipulation under anesthesia of the left shoulder. It is acknowledged that the medical examination on 9/17/13 documents that she has markedly reduced range of motion of the left shoulder. However, the medical records do not demonstrate the range of motion deficits are demonstrated on passive motion testing. The unique sign of adhesive capsulitis is limited passive range of motion. Limited active range of motion does not establish the adhesive capsulitis diagnosis. According to the Official Disability Guidelines, surgery for adhesive capsulitis is currently under study. According to the referenced guidelines, studies support that the clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis. The medical records do not thoroughly detail the patient's course of treatment following her surgery in March 2013. Exhaustion of non-operative measures has not been established. The medical necessity of the requested left shoulder manipulation under anesthesia and 10 postoperative sessions of physical therapy has not been established, and the request is non-certified.

### **PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE LEFT SHOULDER AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16, 26-27.

**Decision rationale:** The guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). According to the medical records provided for review, the patient underwent left shoulder manipulation under anesthesia and left wrist carpal tunnel release on 3/27/13. The medical records do not document the total number of physical therapy sessions the patient has completed to date since the surgery, and do not provide detailed assessments of this patient's

progress with therapy and her response to the course of treatment. A PR-2 dated 9/17/13 documented the patient to be six months post left shoulder manipulation under anesthesia and open rotator cuff/labrum repair and left carpal tunnel decompression. In accordance with the guidelines, she is no longer within the postoperative treatment period. Furthermore, the medical records do not establish that this patient has demonstrated progressive improvement with rendered physical therapy, and likely to further improve with additional therapy. It is not established that the patient will likely benefit with additional supervised therapy. The guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. At this juncture, the patient should be well-versed in an independent home exercise program which is utilized to attempt to maintain functional gains and further addressed residual deficits. As such, the request is non-certified.