

<b>Case Number:</b>	CM13-0030509		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 54 year old male with a date of injury on 1/25/2011. The patient is status post right shoulder rotator cuff repair, superior labial repair, reverse Bankart repair, subacromial decompression, and distal clavicle excision on 3/25/13. Post operatively, the patient developed complications from DVT, and was put on Coumadin. On his 6/19/13 report and 8/14/13 letter, [REDACTED] indicates the patient has developed postoperative adhesive capsulitis. The AROM flexion results are 125 degrees that goes up to 150 degrees passively. Strength is at 4- to 4+/5 at RTC. The RFA submitted by [REDACTED] for physical therapy 2x10 for the right shoulder was modified on 9/30/13 by UR to physical therapy 2x3, based on the absence of objective findings validating the diagnosis of postoperative adhesive capsulitis. The patient has completed 22 of the 24 post-operative physical therapy sessions approved through 7/8/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) visits for ten (10) weeks to the right shoulder:** Upheld

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

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

**Decision rationale:** The patient is status post right shoulder rotator cuff repair, superior labial repair, reverse Bankart repair, subacromial decompression, and distal clavicle excision on 3/25/13, for which the patient has received 22 of 24 post-operative physical therapy visits authorized. I am asked to review the [REDACTED] request for physical therapy 2x10 for a new diagnosis of postoperative adhesive capsulitis. The only documents available from [REDACTED] that pertain to the new diagnosis are a progress report from 6/19/13 and a letter dated 8/14/13. While the utilization review denial of 9/30/13 points to [REDACTED] lack of documented objective findings that corroborate his diagnosis, I can find no such requirement of a treating physician in the MTUS, ACOEM, or ODG guidelines. The ODG provides more specific guidelines pertaining to physical therapy intended to treat adhesive capsulitis, which recommends 16 visits over 8 weeks. However, the request for physical therapy 2x10, or 20 visits, exceeds the ODG guidelines. As well, the 24 post-operative physical therapy visits have been exhausted. The recommendation is for denial.