

Case Number:	CM13-0045577		
Date Assigned:	06/09/2014	Date of Injury:	10/03/2012
Decision Date:	07/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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:

This 48-year-old male firefighter sustained an industrial injury on 10/3/12. Injury occurred when he slipped and fell while holding a pole in his right hand, hyperextending his right arm. The 4/23/13 right shoulder MRI impression documented calcific supraspinatus tendinitis, small interstitial subscapularis tear, acromioclavicular joint inflammation, and findings of adhesive capsulitis. The physical therapy records from 5/23/13 to 10/1/13 documented some improvement in shoulder flexion. There was no progressive improvement in abduction documented. Strength was unchanged. The 9/30/13 orthopedic report indicated the patient was gradually improving, was consistent with his home exercise program, and had 2 physical therapy visits left on the current prescription. Physical exam documented globally right shoulder tenderness, active forward flexion to 160 degrees, and abduction to 90 degrees with the scapula locked in. Strength was intact. He was distally neurovascularly intact. The diagnosis was right shoulder post-traumatic adhesive capsulitis. Additional physical therapy was recommended 1-2 visits per week for 8 weeks. The patient was to continue with his home exercise program and remain on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 1-2X8 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Shoulder, Physical therapy.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines support a course of 16 visits of physical therapy over 8 weeks for a diagnosis of adhesive capsulitis. Guideline criteria have been met. There is no documentation that progressive objective functional gains have been achieved with physical therapy provided over more than 4 months. The patient has been provided a home exercise program and reports compliance. There is no compelling reason to support the medical necessity of supervised physical therapy over an independent home exercise program at this time. Therefore, this request is not medically necessary.