

Case Number:	CM14-0009113		
Date Assigned:	02/14/2014	Date of Injury:	08/17/2011
Decision Date:	08/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Georgia. 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 is a 54-year-old female who sustained injury on 08/17/2011 while the patient was involved in an motor vehicle accident (MVA), with a resultant right shoulder injury. Treatment history includes 36 visits of physical therapy, medications, and home exercise program (HEP). She had right shoulder arthroscopic surgery including subacromial decompression (SAD) and manipulation under anesthesia (MUA) on 10/03/2013. A physical therapy progress report dated 12/26/2013 indicated it was her 27th visit to physical therapy. At this visit the patient was complaining of decreased range of motion, decreased strength, decreased proprioception and pain. She was reportedly compliant with her HEP and participation in formal physical therapy. She reported feeling better and continued to note improvement in her range of motion (ROM). She was still unable to attach her bra strap but stated that she was getting better. She reported that she continued to have less pain at night and overall improved function. Objective findings included right shoulder active and passive range of motion in flexion at 170-175/178. Passive range of motion with internal rotation was 63 of 90 degrees. Abduction was 67 degrees in the scapular plane, and 2/6 glenohumeral joint mobility with guarding noted. Patient also had decreased soft tissue restrictions at the pec major/minor, and subscapularis with tenderness. A physical therapy progress report dated 02/06/2014 indicated it was visit number 36. The listed diagnoses for this treatment were: Adhesive capsulitis of shoulder; Pain in joint, shoulder region; /disorders of bursa and tendons in shoulder region, unspecified. Subjective complaints included she has had some increase in soreness over the preceding several days and stated she was having some increase in stress and that this being her last authorized visit she was concerned that she was going to regress. She remained pleased with her overall progress but was still unable to fully perform overhead flexion motions like her contralateral side. Objective findings include right shoulder A/PROM with flexion at 170/175 degrees. Injured workers scapular plane elevation

was 165-170/175 degrees; external rotation 65/90 degrees; internal rotation to T9/65 degrees, and PROM internal rotation 63 of 90 degrees. Abduction was 67 degrees in the scapular plane. Discomfort with internal rotation ROM. 2/6 glenohumeral joint mobility (capsular). Injured worker also had decreased soft tissue restrictions at pec major/minor, and subscapularis with tenderness. Utilization review dated 01/02/2014 indicated the request for physical therapy 4 times a week for 8 weeks was partially certified because the medical documents dated 12/26/2013 indicates the claimant had 27 physical therapy visits to date and reported less pain at night and overall improved function, thus additional physical therapy 2x a week for 2 weeks followed by 1xweek x2 weeks allowing for fading of treatment with concurrent HEP was medically reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOUR TIMES PER WEEK FOR EIGHT WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, <Physical Therapy>.

Decision rationale: The Official Disability Guidelines (ODG) section regarding Physical Therapy of the shoulder for adhesive capsulitis, notes that injection of a corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. The ODG recommends 24 visits over 14 weeks in cases of post-operative treatment for adhesive capsulitis. Post-surgical physical therapy recommendations for arthroscopic treatment of rotator cuff syndrome per ODG are 24 visits over 14 weeks. The Medical Utilization Treatment Schedule (MTUS) Post-Surgical Treatment Guidelines also recommend 24 visits over 14 weeks for adhesive capsulitis. The MTUS Chronic Pain Medical treatment guidelines suggest allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine. The medical documentation indicates the patient has received 36 physical therapy treatments to date, with an additional 9 treatments following prior utilization review. Review of physical therapy notes, comparing function at visit number 36 compared to visit number 27 does not indicate any significant further improvement in range of motion. Based on the guidelines cited above, and given lack of significant functional improvement over the last 9 visits, also taking into consideration that the patient has already exceeded the typical recommended number of visits for the diagnosis of adhesive capsulitis, the request for physical therapy four times per week for eight weeks to the right shoulder is deemed not medically necessary.