

Case Number:	CM14-0125522		
Date Assigned:	08/11/2014	Date of Injury:	01/23/2009
Decision Date:	09/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 underlying date of injury in this case is 01/23/2009. The patient's diagnosis is left adhesive capsulitis. The patient was seen in orthopedic follow-up 07/09/2014, and it was two months postoperative regarding her shoulder. The patient noted injection had helped. The patient reported she could not do some physical therapy exercises because of nerve pain from capsulitis. The treating physician recommended continued stretching and home exercise and possibly another injection and recommended additional supervised physical therapy. An initial physician review concluded that the criteria had not been met, but due to persistent left shoulder pain and decreased range of motion, modification of 4 visits was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions Quantity: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; OFFICIAL DISABILITY GUIDELINES TREATMENT FOR WORKERS' COMPENSATION; OFFICIAL DISABILITY GUIDELINES TREATMENT; INTEGRATED TREATMENT/ DISABILITY DURATION GUIDELINES;"ADHESIVE CAPULITIS: MEDICAL TREATMENT: POST-SURGICAL TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/shoulder/physical therapy.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends allowing for fading of treatment frequency and transition to independent home rehabilitation. This guideline does not specifically and quantitatively discuss a maximum number of sessions or terminal number of sessions recommended for adhesive capsulitis. However, the Official Disability Guidelines recommends 16 visits over 8 weeks for adhesive capsulitis treated medically or 24 visits over 14 weeks after surgical treatment for this condition. Similarly, the Medical Treatment Utilization Schedule does discuss postoperative treatment guidelines for impingement syndrome on page 27, recommending 24 visits over 14 weeks for postsurgical treatment. In this situation, given the patient's limited range of motion, the request for additional physical therapy at this time is consistent with treatment guidelines recommending active exercise in order to minimize the impact of limited range of motion. Home exercise would not be feasible in this situation until the patient had progressed toward improvement with such a condition. Therefore, for these multiple reasons, the guidelines do support this request. Such as, Physical Therapy Sessions Quantity: 12 is medically necessary.