

Case Number:	CM14-0130603		
Date Assigned:	08/20/2014	Date of Injury:	07/17/2013
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 52 year old female with a reported date of injury on 07/17/2013. The mechanism of injury was repetitive use. Her diagnoses included adhesive capsulitis, shoulder bursitis, and carpal tunnel syndrome. She has had 28 physical therapy visits as of 07/09/2014 for adhesive capsulitis of the right shoulder and physical and occupational therapy for carpal tunnel syndrome. She underwent an MRI of the right shoulder on 05/12/2014 and a right shoulder x-ray on 02/20/2014. Her surgical history included a right carpal tunnel release on 01/14/2014. On 03/17/2014 she was evaluated at her first physical therapy visit specifically for adhesive capsulitis where she complained of generalized right shoulder pain with movement that worsened after carpal tunnel release in 02/2014. She described the pain as aching and rated 7/10. The clinician indicated shoulder range of motion demonstrated flexion to 135 degrees, abduction to 105 degrees and external rotation to 75 degrees. She had 5/5 strength to the right shoulder with flexion, abduction, external and internal rotation, as well as in the biceps and triceps with pain noted with all shoulder movements. On 07/09/2014 the clinician reported that the injured worker had completed 28 physical therapy visits. She reported that her shoulder felt about the same; however, she indicated her pain at the time of the visit was 0/10 at rest and 8/10 with use of the shoulder. The physical therapist noted that she was independent in her home exercise program. Active range of motion of the right shoulder demonstrated 145 degrees of flexion, 125 degrees of abduction, and 50 degrees of external rotation. Passive range of motion was documented as 150 degrees of flexion, 50 degrees of external rotation and 80 degrees of external rotation at 90. The shoulder strength was 5/5 in all planes. The physical therapist reported that the injured worker demonstrated improvement in range of motion and strength despite continued subjective pain. Her medications included Naprosyn 375 mg twice per day, Norco 5/325 mg, and Ibuprofen 600

mg. The request was for Physical Therapy 2x6- 12 visits for the treatment of adhesive capsulitis. The request for authorization was submitted on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6- 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker reported right shoulder pain. The diagnosis of adhesive capsulitis was made and she completed 28 physical therapy visits specifically for adhesive capsulitis with measurable improvement to range of motion. The California MTUS guidelines recommend 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 guidelines recommend 9-10 visits over 8 weeks. The injured worker has completed 28 sessions of physical therapy with measurable improvement in range of motion and pain. She has been given a home exercise program and instructed to continue home exercise therapy by the physical therapist. There are no exceptional factors present which would indicate the injured worker's need for additional physical therapy. Therefore, the request for Physical Therapy 2x6- 12 visits was not medically necessary.