

Case Number:	CM14-0022741		
Date Assigned:	05/12/2014	Date of Injury:	06/05/2009
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 is a 56 year-old male who reported shoulder pain after an injury on 6/5/09. Medical history includes diabetes. The diagnoses include shoulder impingement, status post right shoulder arthroscopy on 6/6/13, and adhesive capsulitis. After the surgery, the injured worker attended physical therapy. None of the available reports list the total quantity of physical therapy visits attended. The reports reflect physical therapy visits from June to September, 2013. As of 8/6/13 flexion was 130, abduction 120, and strength 5/5. The treatment plan included unorthodox compounded cream, naproxen, omeprazole, "temporarily totally disabled" work status, and more physical therapy. As of 9/24/13 11/12 physical therapy visits were completed, flexion and abduction were 140, and strength was 3-4/5. 12 more physical therapy visits were prescribed and/or recommended. There was no work status. As of 11/5/13, the surgeon noted difficulty with minimal activities of daily living, 170 range of motion, internal rotation contracture of 20, and 4/5 strength. The shoulder was injected. Work status was "temporarily totally disabled". On 12/20/13, the shoulder was largely unchanged, strength was 4-5/5 and work status was "temporarily totally disabled". On 1/30/14 there was ongoing use of Norco, and pain with activity. Range of motion was 150-170, an internal rotation contracture was 30. Strength was 4-5/5. The treatment plan included physical therapy 12 visits for strength and range of motion, Voltaren, and "temporarily totally disabled" work status. Physical therapy notes during September 2013 document ongoing pain, and minimal change in range of motion and strength. Strength was 4/5 and flexion and abduction were about 140-150. Per the 2/3/14 AME, the right shoulder did not improve with surgery, physical therapy, or injection. The injured worker was stated to be maximally medically improved. Future care did not include a recommendation for more physical therapy. On 2/7/14, Utilization Review non-certified physical therapy for 12

additional visits, noting the lack of significant functional deficits, the prior physical therapy already completed, and the MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 FOR THE RIGHT SHOULDER: 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Per the MTUS Postsurgical Treatment Guidelines' recommendations for post-operative physical medicine, the post-operative period after this surgery is 6 months. That 6 month period had elapsed when the current physical therapy prescription was submitted. During those 6 months the injured worker attended physical therapy over the course of 3 months. The MTUS for post-operative physical medicine states that post-operative physical therapy is for functional improvement. There was no evidence of functional improvement. All of the PR2s state that the injured worker is unable to perform any and all work, which implies a complete lack of functional improvement. The patient's range of motion and strength did not change significantly during the last month of physical therapy. The treating physician did not document any significant changes over the last few months of office visits, and did not address the quantity of physical therapy visits or the results of physical therapy when he prescribed 12 more visits. The AME noted that treatment for the right shoulder had no benefit and did not recommend further PT. Per the MTUS Chronic Pain Guidelines, functional improvement is the goal rather than the elimination of pain. No medical reports identify specific functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. The "temporarily totally disabled" work status does not adequately address function, and is not an appropriate work status for a treatment plan focusing on functional improvement. Given the months of physical therapy already completed, the lack of specific benefit over the last portion of the physical therapy course, and the lack of significant functional deficits per the recent treating physician reports, additional physical therapy is not medically necessary.