

Case Number:	CM14-0037906		
Date Assigned:	06/25/2014	Date of Injury:	10/27/2011
Decision Date:	07/28/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 9/23/13 letter note indicates a total of 34 physical therapy visits between 10/11/12 and 4/27/13. 3/24/14 PR-2 notes pain has increased and has pain with range of motion in the shoulder as well as lumbar and cervical areas. There is positive Hawkins, and positive Neers with pain on range of motion. Treating provider requested physical therapy and MRI of the right shoulder. 8/20/13 orthopedic consultation noted residual loss of range of motion in the shoulders. There was tenderness on examination with no instability. Assessment was bilateral shoulder capsulitis/impingement syndrome status post arthroscopic decompression and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, physical therapy Adhesive capsulitis: For adhesive capsulitis, injection of 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. When used alone, supervised physical therapy is of limited efficacy in the management of

adhesive capsulitis. (Carette, 2003) Physical therapy following arthrographic joint distension for adhesive capsulitis provided no additional benefits in terms of pain, function, or quality of life but resulted in sustained greater active range of shoulder movement and participant-perceived improvement up to 6 months. (Buchbinder, 2007) Use of the Shoulder Dynasplint System (Dynasplint Systems, Inc., Severna Park, MD) may be an effective adjunct "home therapy" for adhesive capsulitis, combined with PT. (Gaspar, 2009) The latest UK Health Technology Assessment on management of frozen shoulder concludes that based on the best available evidence there may be benefit from stretching and from high-grade mobilization technique. (Maund, 2012).

Decision rationale: The available medical records report pain in shoulder status post multiple physical therapy visits provided to date. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self-directed program to complement physical therapy to provide ongoing improvement. ODG guidelines do not support physical therapy for ongoing treatment of adhesive capsulitis when used along. Additional physical therapy is not supported based on these findings.