

Case Number:	CM14-0048271		
Date Assigned:	04/18/2014	Date of Injury:	09/25/2011
Decision Date:	05/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/16/2014

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:

The patient is an employee of [REDACTED], who has submitted a claim for adhesive capsulitis of the shoulder associated with an industrial injury on September 25, 2011. Utilization review dated March 24, 2014 denied the request for physical therapy 2x6 for the left shoulder as guidelines recommend assessment after a six-visit clinical trial prior to continuing with further sessions to see whether there is progression or none. Treatment to date has included shoulder arthroscopy with subacromial decompression and adhesiolysis, physical therapy, home exercise program ice applications and oral and topical analgesics. Medical records from 2013 to 2014 were reviewed and showed that there is increasing pain and stiffness of the left shoulder since physical therapy was discontinued. The patient has completed 30 physical therapy sessions since September 13, 2013 based on October 31, 2013 discharge report. The discharge was recommended as the progress has plateaued and that the patient was able to perform all necessary functional activities. There is slight trapezial, paracervical and parascapular tenderness. Range of motion of the left shoulder decreased from January 21, 2013 (140 degrees forward elevation, 25 degrees of external rotation, internal rotation to L2, abduction of 70 degrees) with some pain to January 24, 2014 (110 degrees forward elevation, 20 degrees of external rotation and internal rotation to the sacrum), while there is improvement on March 24, 2014 (153 degrees forward elevation, 55 degrees of external rotation and internal rotation of 53 degrees, abduction of 130 degrees). Motor strength was 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Manual Therapy Page(s): 58-60,98-99.

Decision rationale: According to page 58 of the Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of objective measurable gains in functional improvement. As stated on pages 98-99 of the Chronic Pain Medical Treatment Guidelines, there should be a time-limited plan with clearly defined functional goals. In this case, the patient has been complaining of left shoulder pain. He previously completed 30 physical therapy sessions since September 13, 2013 however, was discharged from treatment on October 31, 2013 because progress has plateaued and all necessary functional activities can be performed already. Furthermore, functional goals were not clearly defined based on the medical records submitted. Continued physical therapy is not recommended. Therefore, the request for physical therapy 2x a week for 6 weeks for the left shoulder is not medically necessary.