

Case Number:	CM14-0084630		
Date Assigned:	07/21/2014	Date of Injury:	08/12/2013
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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:

This 59 year-old patient sustained an injury on 8/12/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 times a week for 6 weeks. Diagnoses include rotator cuff tear, weakness s/p arthroscopic debridement, SAD, partial synovectomy for adhesive capsulitis on 2/12/14. Report of 5/5/14 from the provider noted the patient with continued moderate pain and stiffness of shoulder. Exam showed left shoulder with limited passive range of flex/abd/ER/IR 155/130/90/80-50 degrees; rotator cuff strength of 4+/5. Medications list Hydromorphone. Treatment included therapy. The request(s) for Physical Therapy 2 times a week for 6 weeks was partially-certified for 6 visits on 5/16/14 citing guidelines criteria and lack of medical necessity.

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.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months.

Decision rationale: This 59 year-old patient sustained an injury on 8/12/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 2 times a week for 6 weeks. Diagnoses include rotator cuff tear, weakness s/p arthroscopic debridement, SAD, partial synovectomy for adhesive capsulitis on 2/12/14. Report of 5/5/14 from the provider noted the patient with continued moderate pain and stiffness of shoulder. Exam showed left shoulder with limited passive range of flex/abd/ER/IR 155/130/90/80-50 degrees; rotator cuff strength of 4+/5. Medications list Hydromorphone. Treatment included therapy. The request(s) for Physical Therapy 2 times a week for 6 weeks was partially-certified for 6 visits on 5/16/14. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT visits has been completed for the arthroscopic shoulder adhesive capsular release of 2/12/14 over 7 months ago and has appeared to plateau in shoulder range of motion and function without further demonstrated evidence of functional improvement to allow for additional therapy treatments. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The provider has also noted the patient should continue the home exercise program. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for arthroscopic shoulder capsular release with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Physical Therapy 2 times a week for 6 weeks are not medically necessary and appropriate.