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| <b>Case Number:</b>   | CM14-0090021 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 02/08/2010 |
| <b>Decision Date:</b> | 11/05/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/14/2014 |

### 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:

Patient is a 55-year-old female who has submitted a claim for adhesive capsulitis of the shoulder, associated with an industrial injury date of 02/08/10. Medical records from March 2014 to May 2014 were reviewed. Patient complained of right shoulder pain. The mechanism of injury was not mentioned. The patient underwent right shoulder rotator cuff debridement, on January 2012. She underwent postoperative physical therapy for unknown number of sessions. She stated that she continued to do stretching and strengthening exercises on her own as well as massage therapy. The patient was also non-compliant with a home exercise program. The pain became worse. Physical examination, dated March 12, 2014, revealed mild tenderness over the right scapular area. There was also subacromial, bicipital groove, and infraspinatus tenderness. Range of motion: active forward flexion 0-170 degrees, active abduction 0-120 degrees, active internal rotation 0-60 degrees, active external rotation 0-75 degrees. The strength of the supraspinatus, infraspinatus, subscapularis, and biceps was 4/5. Treatment to date has included Ambien, massage therapy, and postoperative physical therapy. Utilization review from May 14, 2014 denied the request for Physical Therapy twice weekly for 6 weeks right Shoulder between 5/6/14 and 8/15/14. The documentation did not indicate that the patient had significant objective findings of functional improvement from previous sessions. The additional 12 sessions of physical therapy exceed the guideline recommendation of 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice weekly for 6 weeks Right Shoulder between 5/6/14 and 8/15/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, according to the Utilization Review, dated May 14, 2014, the patient had completed 4 sessions of physical therapy. The present documentation did not indicate the number of sessions of postoperative physical therapy the patient had. There was also no mention of significant objective findings of functional improvement. The patient may benefit from continued treatment; however, the requested 12 additional sessions would exceed guideline recommendation of 10 visits. The medical necessity of continued treatment in excess of guideline recommendation cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Physical Therapy twice weekly for 6 weeks right Shoulder between 5/6/14 and 8/15/14 is not medically necessary.