

Case Number:	CM14-0175891		
Date Assigned:	10/29/2014	Date of Injury:	12/05/2012
Decision Date:	01/28/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Texas. 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 45 year old male with a date of injury of 12/5/12 to his cervical spine and right shoulder. He is being treated for right shoulder injury and possible right frozen shoulder post operatively. Subjective complaints include continued right shoulder pain and difficulty sleeping secondary to the pain. Objective findings include flexion of 140 degrees and abduction of 105 degrees. MRI on 10/13 demonstrated a small labral and partial small rotator cuff tear. Treatment thus far has consisted of with right shoulder arthroscopy, debridement, distal clavicle resection, subacromial decompression and a SLAP (superior labrum anterior and posterior) repair on 7/9/13 which failed and 18 PT (physical therapy) sessions postop. The patient was referred for possible manipulation under anesthesia (MUA) and post-operative PT 12 sessions, 2 weekly for 6 weeks. The Utilization Review on 10/14/14 recommended a decision of non-certify based on the patient's non-compliance with previous PT prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative PT 12 sessions (2 weekly for 6 weeks) to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28/35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine

Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. In this case, there is a request for postoperative PT, 12 sessions (2 weekly for 6 weeks). The procedure prior to this PT is manipulation under anesthesia for adhesive capsulitis. Per the records contained here, the patient does not meet the diagnosis of adhesive capsulitis (frozen shoulder) as his ROM (range of motion) exceeds the criteria and the procedure was denied. There is also information from the primary treating physician that the patient has been non-complaint with prior PT regimens. There is no documentation of continued home self-directed exercises as recommended by MTUS. Also, since the primary procedure of MUA has been determined not medically necessary, as there is no diagnosis of adhesive capsulitis, there is no clinical indication for PT at this time. As such, the request for PT 12 sessions, (2 weekly for 6 weeks) is not medically necessary.