

Case Number:	CM14-0185104		
Date Assigned:	11/13/2014	Date of Injury:	01/26/2011
Decision Date:	03/31/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old female patient, who sustained an industrial injury on 01/26/11. The 7/19/11 left shoulder MRI documented partial thickness supraspinatus tear, glenohumeral joint effusion and infraspinatus tendinosis. She underwent left shoulder arthroscopy with subacromial decompression, acromioclavicular joint resection, and debridement on 6/30/14. The 09/23/14 treating physician report indicated the patient felt close to 80% improvement with surgery and current therapy, but had marked limitation in left shoulder motion. Physical exam documented left shoulder range of motion as forward flexion 90, abduction 90, and external rotation 0 degrees, with internal rotation to the posterior superior iliac spine. There was 4/5 resisted abduction and external rotation strength. She was diagnosed with adhesive capsulitis, status post left shoulder arthroscopic surgery. The treatment plan documented a subacromial injection with continued aggressive therapy recommended for 18 visits to regain motion and strength. The 10/06/14 physical therapy progress report indicated that the injured worker had completed 16 visits to date. She reported 8/10 shoulder pain, worse with lifting and raising her arm. Strength was globally 4-/5, improved from initial 3+/5. Range of motion was improved over the course of treatment but remained significantly limited. The DASH score was 75%. She was reported as making steady progress with physical therapy, but range of motion and strength continued to be limited due to pain. Continued physical therapy was recommended to increase range of motion, strength, and function, along with decrease the pain. A request was made for 18 additional physical therapy sessions for the left shoulder. The 10/16/14 utilization review non-certified a request for left shoulder manipulation and partially

certified the request for 18 additional physical therapy to 2 visits, citing the CA MTUS Post-Surgical Treatment Guidelines, Shoulder. On 11/06/2014, the injured worker submitted an application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy starting DOS 9/25/2014; 3 times a week for 6 weeks to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This patient had attended 16 post-op physical therapy visits at the time of this request. There was evidence of progressive, albeit slow improvement in range of motion and strength, with residual functional deficits. She was diagnosed with adhesive capsulitis. Guidelines would have supported 8 additional visits within the general course of treatment. This request for 18 additional visits markedly exceeds guidelines. There is no compelling reason to support physical therapy treatment beyond the general course of treatment at this time. Therefore, this request is not medically necessary.