

<b>Case Number:</b>	CM14-0192283		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for 12 sessions of physical therapy apparently initiated on an RFA form of October 6, 2014. The claims administrator suggested that the applicant had been given diagnosis of shoulder adhesive capsulitis. The claims administrator suggested (but did not clearly state) that the applicant had completed 12 sessions of physical therapy. The claims administrator posited that the applicant had yet to complete previously authorized treatment before additional therapy had been sought. The applicant's attorney subsequently appealed. In a progress note dated November 17, 2014, the applicant reported ongoing complaints of shoulder pain. It was suggested that the applicant was working with restrictions, although this was not clearly stated. The applicant exhibited significantly limited shoulder range of motion with elevation and abduction in the 45 to 90 degree range. The applicant was given a diagnosis of capsular contracture/left shoulder adhesive capsulitis. X-rays of the shoulder were reportedly notable for healed greater non-displaced greater tuberosity fracture. Additional physical therapy and a rather proscriptive 2 pound lifting limitation were endorsed. On October 6, 2014, the attending provider posited that the combination of home exercise, physical therapy, and acupuncture were needed to keep the applicant working at light duty. The attending provider felt the applicant could recover through non-operative treatment options. The applicant was given a one-pound lifting limitation on this date. The stated diagnosis included healed left shoulder greater tuberosity fracture and left shoulder adhesive capsulitis. It was explicitly stated that the applicant was working with limitations in place on this occasion.

## 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 to The Left Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-3, page 204. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Physical Therapy topic

**Decision rationale:** While the approval does represent extensive treatment beyond "initial and followup visits" endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 9, table 9-3, page 204 for education, counseling and evaluation of home exercise transition purposes. In this case, however, the applicant has significant impairment above and beyond that encapsulated in the guideline. The applicant had sustained a fracture of the greater tuberosity of the humerus and has apparently developed superimposed issues with adhesive capsulitis. Contrary to what was suggested by the claims administrator, the applicant did demonstrate a favorable response to earlier treatment as evinced by the applicant's return to modified duty work. The applicant was working in limitations in place on October 6, 2014, it was noted. The applicant's work restrictions were loosened between office visits of October 6, 2014 and November 17, 2014, referenced above. The attending provider indicated that the applicant was intent on pursuing nonoperative treatment. The attending provider was of the opinion that the applicant could be successfully rehabilitated nonoperatively. The applicant has demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20f as evinced by his already successful return to modified duty work. An ancillary medical treatment guideline in the form of ODG's Shoulder Chapter, Physical Therapy Guidelines do support 16 sessions of physical therapy as part of medical treatment for adhesive capsulitis and likewise support 18 sessions of treatment as part of medical treatment for humeral fractures. Therefore, the request is medically necessary.