MAXIMUS Federal Services

Case Number:	CM15-0107392		
Date Assigned:	06/11/2015	Date of Injury:	03/03/2014
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male with an industrial injury dated 03/03/2014. The injured worker's diagnoses include adhesive capsulitis of shoulder, superior glenoid labrum lesion, and status post right shoulder arthroscopic lysis of adhesions, capsular release, labral repair and manipulation on 2/11/2015. Treatment consisted of home exercise therapy and follow up visit. In a progress note dated 05/04/2015, the injured worker reported right shoulder pain and stiffness. The treating physician noted that the injured worker had not been attending physical therapy for the past month due to lack of authorization. Objective findings revealed limited active range of motion, pain with passive range of motion, poor scapular mobility and rhomboid muscle spasms. The treating physician prescribed services for additional physical therapy 2 x a week x 6 weeks for the right shoulder for aggressive range of motion and passive stretches and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The 50-year-old patient complains of right shoulder pain, and is status post right shoulder arthroscopic lysis of adhesions, capsular release, labral tear, and manipulation under anesthesia, as per progress report dated 05/04/15. The request is for Physical Therapy 2 X A Week X 6 Weeks For The Right Shoulder. The RFA for the case is dated 05/04/15, and the patient's date of injury is 03/03/14. The patient is taking Norco and Percocet for pain relief and is off work due to pain and limited function, as per progress report dated 05/04/15. MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 16 weeks. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. " In this case, only one progress report, dated 05/04/15, is available for review. As per the report, the patient has not been attending physical therapy for the past one month and has been focusing on home exercises instead. However, the patient has not seen "any improvement made in his range of motion over the past month despite home exercises." The treater is, therefore, requesting for additional therapy "for more aggressive stretching and strengthening exercises to progress patient's flexibility to a more functional ROM and prevent scar adhesions from forming again. " The report, however, does not document the number of sessions completed in the past. The UR denial letter also does not mention the number of sessions the patient has completed until now. The patient is within the post-operative time-frame and MTUS allows 24 PT sessions in such cases. However, due to lack of documentation regarding extent of prior therapy, the request is not medically necessary.