

Case Number:	CM15-0139588		
Date Assigned:	07/29/2015	Date of Injury:	05/28/2014
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on 05/28/2014. Mechanism of injury was a car accident. Diagnoses include severe adhesive capsulitis of shoulders, cervical cord injury with spinal cord contusion with intraspinal hemorrhage with resultant myelopathy, status post emergent decompressive laminectomy C3-C7, and posterolateral fusion in lateral vasculature with rod fixation. Comorbidities include hypertension. Treatment to date has included diagnostic studies, medications, status post cervical decompression and fusion C3-C7 in May of 2014, subacromial injections to his bilateral shoulders, and physical therapy. His medications include Tylenol, Metoprolol, Lisinopril, Lipitor and Allopurinol. X rays of the cervical spine done on 02/18/2015 showed stable postoperative finding of the cervical spine. A Magnetic Resonance Imaging of the right shoulder revealed degenerative changes involving the acromioclavicular and glenohumeral joints, a torn glenoid labrum, and atrophy especially involving the infraspinatus and deltoid muscle bellies. The left shoulder shows a degenerative change involving the acromioclavicular and glenohumeral joints. There is moderate shoulder effusion and fluid along the proximal biceps tendon sheath. There is irregular signal intensity in the glenoid tendon sheath. There is atrophy involving the infraspinatus and deltoid muscles bellies. A physician progress note dated 05/18/2015 documents the injured worker has done 14 session of aggressive physical therapy for both shoulders due to severe adhesive capsulitis of both shoulders. His both shoulders are slowly improving in regards to range of motion. He has limited cervical range of motion. He rates his pain as 5 out of 10. Treatment requested is for additional 8 visits of bilateral shoulder physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 visits of bilateral shoulder physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in May 2014 as the result of a motor vehicle accident and continues to be treated for bilateral shoulder pain. MRI scans of the shoulders included findings of acromioclavicular joint and glenohumeral joint degeneration and a right labral tear. Treatments have included 14 physical therapy sessions. When seen, there were physical examination findings of adhesive capsulitis with decreased range of motion. There was decreased cervical spine range of motion. Additional physical therapy was requested. Guidelines recommend up to 16 therapy treatment sessions over 8 weeks for the claimant's condition. In this case, the claimant has completed more than the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested additional physical therapy was not medically necessary.