

Case Number:	CM15-0188153		
Date Assigned:	09/30/2015	Date of Injury:	10/30/2013
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This injured worker is a 76 year old female who reported an industrial injury on 10-30-2013. Her diagnoses, and or impressions, were noted to include: incomplete left shoulder rotator cuff tears and "AC" joint arthritis; status-post arthroscopic left shoulder debridement and "Mumford" procedure (12-4-14); and post-surgical frozen shoulder. No current imaging studies were noted. Her treatments were noted to include: left shoulder surgery; 24 post-surgical physical therapy treatments; post-surgical left shoulder injection therapy (3-10-15) - 50% improvement; activity modifications; medication management; and rest from work before return to work on 6-9-2015. The progress notes of 8-5-2015 reported a follow-up visit for complaints and objective findings which included: a recurrence of her left frozen shoulder after achieving a reasonable progress regarding strength, function and motion at the last visit, with only minor irritability; was now with obvious lost motion, forward flexion, abduction, internal and external rotation by at least 25%, and with pain on extremes of any of those motions. The physician's requests for treatment were noted to include authorization for 6-8 physical therapy visits to be spread once a week over the next couple of weeks, to help address her frozen shoulder. The Request for Authorizations, dated 8-25-2015, was noted for physical therapy, 8 visits, 1 x a week over 8 weeks. The Utilization Review of 8-31-2015 non-certified the request for 8 physical therapy treatments for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy treatments for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical therapy, Adhesive capsulitis.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury to the left shoulder in October 2013 and underwent left shoulder arthroscopic surgery on 12/04/14 with rotator cuff and labral debridement with findings of an incomplete rotator cuff tear. In May 2015 she had completed 24 physical therapy treatments. She was more than four months status post surgery. She was having mild to moderate left shoulder pain. Physical examination findings included full range of motion with discomfort. There was normal strength with negative impingement testing. When seen in August 2015 she was having fluctuating symptoms of adhesive capsulitis secondary to inflammation requiring repeat injections. She had residual pain and stiffness. Physical examination findings included decreased strength and decreased range of motion. Authorization for additional physical therapy is being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.