

Case Number:	CM15-0219429		
Date Assigned:	11/12/2015	Date of Injury:	11/17/2011
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 17, 2011. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for physical therapy involving the injured shoulder. An order form dated October 26, 2015 and an associated progress note dated October 21, 2015 were referenced in the determination. The claims administrator referenced non-MTUS ODG Guidelines in its determination and mislabeled the same as originating from the MTUS. On an RFA form dated October 26, 2015, 2 separate orders for physical therapy were initiated. The applicant reportedly carried diagnosis adhesive capsulitis of the shoulder, it was stated. On an associated progress note of October 21, 2015, the applicant reported moderate-to-severe shoulder pain complaints. Shoulder corticosteroid injection had proven ineffectual, the treating provider reported. The applicant's medication list included Synthroid, tizanidine, Tylenol, Celexa, and Prilosec. Significantly limited shoulder range of motion with elevation to 120 degrees was reported, with positive signs of internal impingement. The applicant was asked to pursue a manipulation under anesthesia procedure. Associated physical therapy was seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, ODG Preface.

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

Decision rationale: Yes, the request for 12 sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. The MTUS Postsurgical Treatment Guidelines support a general course of 24 sessions of treatment following surgery for adhesive capsulitis, i.e., the issue reportedly present here. The request in question was initiated in conjunction with a request for manipulation under anesthesia. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.a2 further stipulate that an initial course of therapy represents 1/2 of the general course of therapy for the specified surgery. Here, thus, 1/2 of 24 visits is 12 visits. The 12-session course of treatment at issue was in-line with MTUS parameters. Therefore, the request was medically necessary.

Physical therapy 6 times a week for 2 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, ODG Preface.

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

Decision rationale: Conversely, the request for 12 additional sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative therapy following a shoulder surgery for adhesive capsulitis, as was seemingly proposed here. This recommendation is, however, qualified by commentary made in section 9792.24.3.c3 to the effect that subsequent course of therapy beyond the initial postoperative course is contingent on evidence of functional improvement with the initial course of treatment. Here, 12 sessions of postoperative treatment were approved above. The request for 12 additional treatments without gauging the applicant's response to the previously authorized 12 sessions, thus, was at odds with the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c3. Therefore, the request was not medically necessary.