

<b>Case Number:</b>	CM15-0059438		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Internal 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 injured worker is a 29 year old female, who sustained an industrial injury on 8/3/12. The diagnoses have included adhesive capsulitis of the right shoulder with complex regional pain syndrome and rotator cuff tear. Treatment to date has included surgery, medications, activity modifications, and 24 post operative physical therapy sessions and Home Exercise Program (HEP). Surgery has included status post right rotator cuff surgery. The diagnostic studies performed were Magnetic Resonance Angiography (MRA) of the right shoulder. Currently, as per the physician progress note dated 2/11/15, the injured worker complains of constant pain in the right shoulder and arm with difficulty moving the arm without significant pain. She states that she feels she has gone backward from where she was after she completed the second round of 12 physical therapy sessions. The objective findings of the right upper extremity revealed coldness of the hand with dyesthesias to light touch over the shoulder and arm. There was cold with bluish tint to the right arm and the range of motion was decreased and painful. Treatment plan was for pain management, anti-inflammatory medication Voltaren and additional physical therapy visits. The physician requested treatment includes Physical Therapy, 2 times weekly for 4 weeks for the Right Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times weekly for 4 weeks, Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for adhesive capsulitis, 24 visits of postsurgical physical therapy over 14 weeks are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a history of right shoulder rotator cuff tear repair surgery, and subsequent arthroscopic lysis of adhesions was performed on 06-02-2014. The treating physician's report dated 02-11-2015 documented that the patient had completed 24 visits of post-operative physical therapy visits status post arthroscopic lysis of adhesions. The patient report no improvement with the second round of 12 physiotherapy visits. The utilization review letter dated 03-18-2015 documented certification of 12 visits of PT physical therapy which was requested on 03-10-2015. The utilization review letter dated 03-19-2015 documented the non-certification of a request from a different physician for 8 visits of PT physical therapy which was requested on 03-11-2015. The 02-11-2015 physician's report documented that the patient reported no improvement with the second round of physiotherapy visits. Two physical therapy requests were submitted by two different physicians on 03-10-15 and 03-11-15. Twelve visits of PT physical therapy, which was requested on 03-10-2015, were certified. Eight visits of PT physical therapy were requested by another physician on 03-11-2015. Because the 3/10/15 PT request was certified, the 3/11/15 PT request is not necessary. Furthermore, the 2/11/15 physician's report documented that the patient reported no improvement with the second round of physiotherapy visits. On 2/11/15, the patient report that the shoulder condition had worsened during the second round of physical therapy. Without documented functional improvement with past physical therapy, the request for additional physical therapy is not supported by MTUS guidelines. Therefore, the request for physical therapy two visits a week for four weeks (8) for the right shoulder not medically necessary.