

Case Number:	CM15-0084056		
Date Assigned:	05/06/2015	Date of Injury:	06/29/2012
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 56 year old male who sustained an industrial injury on June 29, 2012. She has reported injury to the left shoulder and has been diagnosed with status post left shoulder manipulation under anesthesia and arthroscopic adhesiolysis, October 14, 2014. This was following an arthroscopic procedure on March 5, 2015 when she developed adhesive capsulitis. Treatment has included medication, physical therapy, and a home exercise program. Currently the injured worker complains of anterior shoulder pain that reaches 8/10 pain if she catches it at certain angles. She also reports some left arm fatigue and weakness. Soft tissue flexibility noted tenderness and restrictions at L lev scap and subscapularis. There was decreased range of motion. The treatment request included to continue physical therapy 2 x a week x 4 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2x4 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 58-59.

Decision rationale: "Manipulation is a passive treatment, but many chiropractors also perform active treatments, and these recommendations are covered under physical therapy (PT), as well as education and exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes (Fritz, 2007)." Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. The patient sustained his injury in June of 2012. He required left shoulder manipulation under anesthesia for adhesive capsulitis and received 33 physical therapy sessions. He has undergone a home exercise program. The MTUS guidelines suggest active in home therapy versus passive range of motion manipulation due to better clinical outcomes. At this point, the patient should be able to perform at home active therapy to prevent further loss in range of motion and muscle strength maintenance. Therefore the request is not medically necessary.