

<b>Case Number:</b>	CM14-0143931		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old male who reported an injury on 08/06/2013 due to an unknown mechanism. Diagnoses were adhesive capsulitis, left shoulder, left shoulder status post subacromial decompression and mini open biceps tenodesis 02/24/2014, status post greater than 32 visits of physical therapy without progression of motion, and severe loss of motion documented on physical examination. The physical examination dated 07/24/2014 revealed abduction was limited to less than 175 degrees with scapula stabilized, and external rotation was limited to 70 degrees and external rotation was limited to 30 degrees. The injured worker had less than 120 degrees of forward flexion of the left shoulder. It was reported that the injured worker had 32 physical therapy visits with no objective improvement. It was reported that the motion of the left shoulder remained essentially unchanged. The injured worker was able to demonstrated 5/5 strength with resisted forward flexion, external rotation, and internal rotation, but motion was severely stiff. The treatment plan was for manipulation under anesthesia with limited arthroscopic capsular release. The physical therapy was being ordered for over an 8 week to 12 week period. The Request for Authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy visits over 8 to 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warrant for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was reported that the injured worker had 32 physical therapy visits with not much objective functional improvement. It was not reported that the injured worker had undergone manual manipulation of the left shoulder under sedation. It was not reported that the injured worker was doing a home exercise program. The clinical information submitted for review does not provide evidence to justify physical therapy visits. Therefore, this request of twelve (12) Physical therapy visits over 8 to 12 weeks is not medically necessary and appropriate.