

Case Number:	CM14-0214726		
Date Assigned:	01/07/2015	Date of Injury:	12/20/2011
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Indiana, New York
 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 (IW) is a 51-year-old man with a date of injury of December 20, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are adhesive capsulitis; bursitis; tendinitis of the left shoulder; and partial tear of rotator cuff tendon. According to a progress note dated May 21, 2014, the IW was 2-months status post left shoulder arthroscopy performed on March 27, 2014. He was in his second week of physical therapy (PT). The treatment plan indicates the IW should continue PT for another 2 months. According to a July 9, 2014 progress note, the IW complete 6 sessions of PT. A request was being made for acupuncture. In a progress note dated September 10, 2014, the IW had completed 15 sessions of acupuncture. Physical therapy was not discussed. On November 6, 2014, the IW underwent manipulation of the left shoulder under anesthesia and possible lysis of adhesions for adhesive capsulitis. Pursuant to the progress note dated November 9, 2014, the IW presents for follow-up of left shoulder pain. Examination of the left shoulder reveals a positive Neer's test on the left. Range of motion was normal. Motor strength was 5/5 bilaterally, and sensation was intact in all dermatomes. The treatment plan was for additional physical therapy. It is unclear as to the total number of PT sessions to the left shoulder the IW has had to date. There are no PT notes in the medical record. There is no evidence of objective functional improvement with prior PT to the left shoulder. The current request is for physical therapy twice a week for eight 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:

Physical therapy twice a week for eight weeks for the left shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), physical therapy two times per week for eight weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are adhesive capsulitis; bursitis; tendinitis of the left shoulder; and partial tear of rotator cuff tendon. The documentation in the medical record indicates the injured worker was two months post left shoulder arthroscopy that was performed March 27, 2014. He was engaged in his second week of physical therapy. A July 9, 2014 progress note indicates the injured worker completed six sessions of physical therapy. In a progress note dated September 10, 2014, the injured worker completed 15 sessions of acupuncture. Physical therapy was not discussed or documented in the medical record. On November 6, 2014 the injured worker underwent manipulation of the left shoulder under anesthesia. The medical record does not contain any entries regarding additional physical therapy requested that were rendered. The total number of physical therapy sessions is not documented to date. There are no physical therapy notes in the medical record to date. There is no documentation of objective functional improvement with prior physical therapy documented in the medical record. Consequently, absent clinical documentation to support additional physical therapy to the affected shoulder in the absence of prior documentation of objective functional improvement (with prior physical therapy) and compelling clinical facts to warrant additional physical therapy, this request is not medically necessary.