MAXIMUS Federal Services

Case Number:	CM14-0216423		
Date Assigned:	01/06/2015	Date of Injury:	12/12/2007
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Reported on 12/12/2007. Diagnoses include: right shoulder vs bilateral shoulder adhesive capsulitis. Treatments have included: consultations; diagnostic imaging studies; bilateral shoulder injection therapy; right shoulder manipulation and arthroscopic surgery; left shoulder manipulation under anesthesia (3/20/14) with follow-up physical therapy (PT); and medication management. The injured worker (IW) is noted to be back to work with restrictions.Physical therapy progress notes, dated 9/19/2014, show 24 physical therapy appointments from 4/24/14 - 9/19/14 with the IW stating he is feeling stronger, and steady gains in range-of-motion (ROM) and strength. Prioritized treatments noted inflammation control, restoring strength of rotator cuff and scapular stabilizers for return to function, and education.Physical therapy progress notes, dated 9/22/2014, show complaints of bilateral shoulders and that the IW is not making gains really fast with PT resulting in slow improvement of bilateral shoulder adhesive capsulitis. The plan included continuing PT, a Medrol dose-pack, and continued work restrictions. No more current medical records were available for my review.On 12/8/2014 Utilization Review non-certified, for medical necessity, a request for post-operative physical therapy, left shoulder, stating that 7 years post injury there was no detailed discussion of efficacy prior to surgery and therapy: there were no comparisons of prior exams; no documented re-injury following the 30 prior therapy sessions; and being well past the sub-acute healing phase, it seems the IW has plateaued in response to therapy. Cited were the MTUS treatment guidelines for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post op physical therapy for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with bilateral shoulder adhesive capsulitis. The patient has a history significant for right shoulder MUA/SAD. He has also had left shoulder MUA. The current request is for 12 sessions of postop physical therapy for the left shoulder. The treating physician report dated 12/29/14 (8b) states "at this point we will push for a little more aggressive physical therapy. He will continue with activities as he can tolerate. I did give him a return to work slip which is unchanged with modified duties as per his last visit." MTUS guidelines state, postsurgical physical medicine period means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. In this case, the treating physician documents that the IW underwent left shoulder manipulation under anesthesia on 3/20/14. The IW has completed 30 post-op physical therapy sessions to date. The current request is outside of the MTUS post-op physical therapy guidelines and the MTUS physical medicine guidelines are appropriate in this case. MTUS on page 98-99 states that for myalgia and neuritis type conditions 8-10 sessions are recommended. There is no information to indicate that a new injury or surgery has taken place. The patient has had numerous physical therapy sessions in the recent past and there is not discussion as to why the patient is unable to participate in a home therapy program. Therefore, the current request is not medically necessary and the recommendation is for denial.

12 sessions of post-op physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with bilateral shoulder adhesive capsulitis. The patient has a history significant for right shoulder MUA/SAD. He has also had left shoulder MUA. The current request is for 12 sessions of postop physical therapy for the right shoulder. The treating physician report dated 12/29/14 (8b) states "at this point we will push for a little more aggressive physical therapy. He will continue with activities as he can tolerate. I did give him a return to work slip which is unchanged with modified duties as per his last visit." MTUS guidelines state, postsurgical physical medicine period means the time frame that is needed for postsurgical

treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. In this case, the treating physician documents that the IW had a right shoulder Arthroscopic SAD on 6/26/08 and a recent right shoulder manipulation and arthroscopic surgery debridement of labral tears subachromial decompression on 3/20/14. The IW has completed 30 post-op physical therapy sessions to date. The current request is outside of the MTUS post-op physical therapy guidelines and the MTUS physical medicine guidelines are appropriate in this case. MTUS on page 98-99 states that for myalgia and neuritis type conditions 8-10 sessions are recommended. There is no information to indicate that a new injury or surgery has taken place. The patient has had numerous physical therapy sessions in the recent past and there is not discussion as to why the patient is unable to participate in a home therapy program. Therefore, the current request is not medically necessary and the recommendation is for denial.