

Case Number:	CM15-0128736		
Date Assigned:	07/15/2015	Date of Injury:	04/24/2014
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

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

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 60 year old male patient who sustained an industrial injury on 04/24/2014. An orthopedic consultation dated 06/02/2015 reported subjective complaint of having bilateral shoulder pain described as stiffness and weakness. He even has complaint of neck pain during the night that awakens him from sleep. He did undergo surgical manipulation bilaterally on 06/20/2014. A radiographic study done on 07/18/2014 showed the left shoulder with partial thickness tear supraspinatus; impingement. He did participate and complete a course of post-operative physical therapy to include a home exercise program. A recent primary treating progress note dated 02/28/2015 reported subjective complaint of having significant pain from the shoulder down to the elbow on the right side. She is back to a modified work duty. The treating diagnosis was right frozen shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six for bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for crutch to bilateral shoulder pain. Bilateral shoulder manipulation under anesthesia was done in August 2014. Arthroscopic surgery was not performed. She had post procedure physical therapy with completion of at least 30 treatment sessions. When seen, she was having bilateral shoulder pain with weakness and stiffness. She was also having neck pain. Pain was rated at 2/10. There was decreased shoulder range of motion with positive impingement testing and normal strength. There was acromioclavicular joint tenderness. Arthroscopic surgery was being considered. Physical therapy was requested. Guidelines recommend up to 24 therapy treatments over 14 weeks for adhesive capsulitis after surgical management. In this case, the claimant has completed more than the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.