

Case Number:	CM15-0064009		
Date Assigned:	04/10/2015	Date of Injury:	08/28/2013
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

The injured worker is a 67 year old male, who sustained an industrial injury on August 28, 2013. He reported an injury to his right shoulder and right knee. The injured worker was diagnosed as having adhesive capsulitis and status post capsular release with a prior rotator cuff repair of the right shoulder. Treatment to date has included physical therapy, surgery, exercise and medications. On January 21, 2015, the injured worker was noted to be attending physical therapy and making slow progress. He continues to have pain, weakness and stiffness about the right shoulder. Most of his residual pain occurs during the course of the day and occasionally at night. His bigger complaint is loss of range of motion. He reported that since his surgery he has reached a plateau. Notes stated that there has been no change to his medical health. The treatment plan included supervised physical therapy, Dynasplint to be used at home and with his stretching exercises, work modifications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy for the right shoulder 2 times a week for 6 weeks:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The patient presents with right shoulder and right knee pain. The current request is for Retrospective physical therapy for right shoulder 2 times a week for 6 weeks. The treating physician states, "He is making slow progress. He has been attending physical therapy. He continues to have pain, weakness, and stiffness about the right shoulder. He had a previous capsular release for adhesive capsulitis following a rotator cuff repair. He is working diligently with self-directed exercises. Most of his residual pain occurs during the course of the day and occasional pain at night. His bigger complaint is loss of range of motion. While he has improved since the surgery, he feels that he is reaching a plateau. Because the patient is having difficulty with his recovery for the right shoulder, we are requesting supervised physical therapy for modalities, range of motion, and stretching and strengthening exercises two times a week for six weeks complementary with self-directed home program". (B5/8) The MTUS Post Surgical Guidelines for Sprained shoulder; rotator cuff, allows 24 visits over a 14-week time frame. In this case, the patient underwent surgery in September 2014 and was authorized for physical therapy 12 sessions post-surgically. It appears that he completed his previously authorized therapy sessions sometime in January 2015. The additional request for PT at 2 times a week for 6 weeks is within the maximum sessions allowed by the guidelines. While the time frame allowance for the post-surgical PT is outside of the guidelines, the patient did not complete the allowed 24 sessions. The current request is medically necessary and the recommendation is for authorization.

Re-evaluation visit for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The patient presents with right shoulder and right knee pain. The current request is for Re-evaluation visit for the right shoulder. The treating physician states, "He is making slow progress. He has been attending physical therapy. He continues to have pain, weakness, and stiffness about the right shoulder. He had a previous capsular release for adhesive capsulitis following a rotator cuff repair. He is working diligently with self-directed exercises. Most of his residual pain occurs during the course of the day and occasional pain at night. His bigger complaint is loss of range of motion. While he has improved since the surgery, he feels that he is reaching a plateau. (B5) There is no further discussion of the current request. The MTUS guidelines under Assessment Approaches on page 6 states thorough history taking is always important in clinical assessment and treatment planning, to establish/confirm diagnosis and observe/understand pain behavior. The current request for re-evaluation of the right

shoulder is within the guidelines and is medically necessary. The recommendation is for authorization.