MAXIMUS Federal Services

Case Number:	CM13-0010451		
Date Assigned:	09/20/2013	Date of Injury:	04/16/2002
Decision Date:	01/17/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This patient is a 57-year-old who reported an injury on 04/16/2002. The documentation submitted for review indicates that this patient underwent surgery with arthroscopic debridement of the right shoulder rotator cuff, subacromial decompression with resection of the coracoacromial ligament, partial acromionectomy, and partial claviculectomy with Mumford procedure as well as debridement of the superior labral tear and extensive lysis of adhesions with insertion of a pain pump catheter and in the subacromial space with postoperative analgesia on 04/17/2013 The current consideration for request is for physical therapy for the right shoulder. The clinical notes submitted for review indicate the most recent evaluation of the patient occurred on 08/30/2013 with notes indicating the patient's complaints of continued pain with range of motion and distinct swelling over the right shoulder. Objective evaluation of the patient noted limited range of motion especially in forward flexion and swelling to the right shoulder. Notes indicate that the patient underwent diagnostic ultrasound with no evidence of fluid seen but there was thickening and edema of the subcutaneous tissue. Furthermore, notes indicate that the patient was to persevere with conservative treatment and a hold was placed on physical therapy and the patient was recommended to undergo treatment with warm compresses to the right shoulder and the patient was provided with lift restrictions as well as no pushing or pulling and no overhead activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Physical Therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss data Institute, LLC, Corpus Christi, TX

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

Decision rationale: CA MTUS Post-Surgical Guidelines states postsurgical treatment following rotator cuff syndrome/Impingement syndrome treatment may include 24 visits over 14 weeks; with a recommended postsurgical physical medicine treatment period of 6 months. CA MTUS 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. This patient is 9 months status post surgery for rotator cuff debridement, subacromial decompression, and a Mumford procedure as well as debridement of a superior labral tear and extensive lysis of adhesions. The referenced Guidelines allow for a 6-month postoperative treatment period. Furthermore, Guidelines indicate that in providing treatment using other Guidelines and in the absence of any cure for the patient who continues to have pain that persists beyond the anticipated time of healing, the Chronic Pain Medical Treatment Guidelines shall apply. The documentation submitted for review indicates that the patient is 9 months status post surgery and based on prior peer review it appears that the patient has completed 12 sessions of physical therapy. Clinical notes submitted from 08/30/2013 for the most recent evaluation indicate that a hold was placed on the patient's physical therapy due to continued pain with range of motion and distinct swelling noted over the right shoulder. Notes indicate that the patient underwent diagnostic ultrasound of the arm, which indicated no evidence of fluid within the joint; however, there was thickening and edema in the subcutaneous tissues. The patient was directed to apply warm compresses to the right shoulder and was provided with lift restrictions. However, while the documentation submitted for review indicates that the patient has adhesive capsulitis of the right shoulder, there was a lack of quantified measurements of range of motion, manual muscle testing, or other objective clinical findings to support the recommendation for further physical therapy as of 08/30/2013. Additionally, no further documentation is submitted for review after 08/30/2013 to detail the disposition of the patient after the application of warm compresses to reduce swelling of the shoulder. Given the above, the requested treatment for Physical therapy for the right shoulder is not medically necessary and appropriate.