

Case Number:	CM13-0044927		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2010
Decision Date:	02/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, and is licensed to practice in New York. 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:

The patient is a 36 year old female who sustained repetitive trauma to shoulders as a clerk (administrative tasks at [REDACTED]) with a listed date of injury on 07/10/2010. She resigned in 06/2011. On 07/23/2012 the right shoulder x-ray was normal. On 12/14/2012 she had arthroscopic glenohumeral synovectomy, debridement of the inferior surface rotator cuff partial tear and subacromial decompression. By 05/22/2013 she had completed 24 post operative physical therapy visits and 4 more were certified. On 08/28/2013 she had a right shoulder steroid injection. On 06/14/2013 she had an office visit with [REDACTED]. She had full shoulder elevation at 165 degrees bilaterally. She was back to work full time. She had three physical therapy visits left. She reached maximum medical improvement for the right shoulder. No future appointments were made. On 09/13/2013 she had a left shoulder subacromial steroid injection. Impingement testing was positive more on right than left. Abduction for each shoulder was 125 degrees. The forward flexion right was 160 degrees and left 110 degrees. On 09/18/2013 she had nearly full range of motion of both shoulders. She was to re-start physical therapy and was at full duty work. She was to continue a home exercise program and continue physical therapy 12 visits. On 10/14/2013 12 visits of shoulder physical therapy were requested and 2 visits were certified. On 10/24/2013 another 12 visits of shoulder physical therapy were requested and denied. This is the appeal. On 11/18/2013 [REDACTED] noted that she was back to all occupational duties. She had relief of shoulder pain with steroid injections to each shoulder and the improvement lasted for a month. Her home exercise program was reviewed. A MRI of her left shoulder on 08/03/2013 revealed rotator cuff tendinosis. She had the two certified physical therapy visits previous to her 11/18/2013 office visit. 12 more visits of physical therapy were requested on 11/18/2013 and 8 were

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) two (2) times a week for six (6) weeks to the shoulders QTY:12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy (PT) - (ODG) 2014 Rotator cuff impingement

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Rotator cuff impingement (medical treatment, no surgery).

Decision rationale: On 12/24/2012 she had right shoulder surgery and according to the ODG post surgery for partial rotator cuff/impingement surgery the maximum number of physical therapy visits is 24 visits over 6 months. She had at least 24 visits and it is more than 6 months since the surgery. So there is no reason for more physical therapy visits post operatively and in 07/2013 she was at maximal medical improvement. More recently she has periodic bilateral shoulder pain with decreased range of motion that responds to steroid injections. The MTUS maximum number of physical therapy for non-surgical rotator cuff/impingement is 10 physical therapy visits over 8 weeks. The MTUS maximum number of physical therapy visits for chronic pain is 9 or 10 visits over 8 weeks. This was why initially 2 visits and then 8 visits of physical therapy were approved. Thus, she already had the 10 visits over 8 weeks and the requested 12 visits of physical therapy exceeds MTUS guidelines. By this point in time she should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time. The documentation noted that she has been instructed in a home exercise program. Also, for MTUS chronic pain criteria for further physical therapy there must be objective documentation of improvement in activities of daily activity. She has continued to work full duty - although at a different job from the job at the time of the injury; she resigned in 06/2011. There is no documentation that there was improvement in activities of daily living. The requested 12 visits of physical therapy is denied since this is not consistent with MTUS or ODG.