MAXIMUS Federal Services

Case Number:	CM13-0046908		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2011
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55-year-old male with a work injury dated 09/25/11. The patient is currently diagnosed with status post left shoulder surgery; trapezial, paracervical and parascapular strain. The patient underwent left shoulder manipulation under anesthesia, subacromial decompression, and lysis of adhesions on 1/21/13. According to the physical therapy discharge note dated 4/16/13, the patient has attended 24 visits of physical therapy between the dates of 1/23/13 and 4/16/13, with noted improvement. The patient demonstrates good ability with home exercise program. In the physical therapy progress note dated 9/17/13, it was mentioned that this is the patient's 18th visit. The patient continued to make progress; however, his gains are slow. The patient demonstrates small improvements in active and passive range of motion. The patient continues to have tightness in his capsule that improves with each physical therapy session but returns by next visit. Shoulder active ranges of motion are as follows; flexion 140 degrees (initial 120), abduction 130 degrees (initial 95), external rotation "60 at 145" (initial 28), and internal rotation '40 at 45" (initial 30). Passive range of motion is with abduction at 145 degrees (initial 90). Shoulder manual motor testing was not tested during this visit; pain level was at 0-6/10. The patient's scapula continues to be protracted and the left scapula is more elevated than the right. The left humeral head appears more anterior and inferior than the right. The patient continues to have pain and difficulty with activities above shoulder height. The patient was evaluated by [redacted] on 09/27/13, for which he reported that his pain and mobility are slowly improving with physical therapy. Per 10/31/13 discharge summary, the patient has completed 30 physical therapy sessions since 9/13/13. He has been compliant with his visits and demonstrates minimally improved AROM and strength in his left shoulder. However, he continues to demonstrate limited ROM and pain at the end in all directions. This pain limits him from daily activities such as lifting and prolonged reaching. He is able to lift a bag of groceries in

front of him and reach the back of his head. Recommend discharge from physical therapy as his progress has reached a plateau and he is able to perform all necessary functional activities. 12/13/13 PR-2 report: states that the patient continues to complain of significant pain and stiffness in his left neck and shoulder. This had been improving with therapy. A detailed examination of the upper extremities was performed. There is 130 degrees of forward elevation, 30 degrees of external rotation, and internal rotation to L4 at the left shoulder with pain. There is slight trapezial, paracervieal, and parascapular tenderness on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks, left shoulder/trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensations, Online Edition, Chapter: Shoulder, Physical Therapy.

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

Decision rationale: Physical Therapy 2xWk x 6Wks Left Shoulder/Trapezius is not medically necessary per MTUS guidelines. Patient has had more than the exceeded recommended number of PT visits. There is no documentation of extenuating circumstance that would require additional therapy other than his independent active self directed home exercise program which he should be well versed in at this point. Most recent documentation from PT states that he has had 30 visits, has reached a plateau, and can perform all functional activities.