

Case Number:	CM13-0060616		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	04/03/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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:

The patient reported a with date of injury of 11/06/2012. The listed diagnoses per [REDACTED] dated 10/24/2013 are: 1. Status post right shoulder surgery, 06/18/2013. 2. Adhesive capsulitis. According to progress report by [REDACTED] dated 10/24/2013, the patient presents with intractable pain around the right shoulder, arm, and right side of the neck. She did not do well after the surgery and has had significant pain and problems moving and using her arms since that time. Postoperative physical therapy sessions of 24 were completed and a follow-up cortisone shot in the right shoulder. She notes that it is very painful for her to move or try to lift her right arm. There is pain around the right side of her neck throughout the right shoulder and down the arm into the hand. She continues to get numbness in the 3rd, 4th, and 5th fingers of the right hand as well. MRI of the right shoulder dated 03/25/2013 noted a number of findings including marked tendinosis of the supraspinatus tendon. There was a mild to moderate tendinosis of the infraspinatus tendon. There is moderate tendinosis with thickening of the subscapularis tendon. There was also diffuse SLAP tear. Examination of the upper extremities noted a mild darkening discoloration of the right arm in comparison to the left. Range of motion testing noted full range of motion at the neck with extension, flexion, and lateral rotation. There was significantly restricted movement at the right shoulder; however, she was not able to actively abduct the arm beyond 90 degrees and movement of the right shoulder was associated with significant pain behavior. Sensation was intact to pinprick in the upper extremities. Reflexes were brisk and symmetric in the upper extremities. Motor testing shows mild weakness throughout the right arm and grip strength was diminished with a Jamar measurement of 30 in the right hand compared to 44 in the non-dominant left hand. Physician is requesting 8 additional physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for the right shoulder (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with chronic right shoulder pain and is status post right shoulder rotator cuff repair dated 06/18/2013. Utilization review dated 11/04/2013 denied the request stating that, "the guideline suggests that physical therapy may be indicated if this patient undergoes some cortisone injection, which could be part of orthopedic treatment which has currently been requested. However, on its own, at this time, prior to such a steroid injection, the guidelines do not support a probable benefit from physical therapy." Review of over 130 pages of records does not show any recent physical therapy reports to verify how much treatments and with what results were accomplished. This patient underwent right shoulder rotator cuff repair on 06/18/2013 and received 24 postop physical therapies. In this case, postoperative physical therapy MTUS Guidelines do not apply. MTUS Guidelines page 98, 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neurology-type symptoms. Given that the patient may benefit from additional 8 physical therapy sessions, the request is reasonable and is within MTUS Guidelines. Therefore, recommendation is for approval.