

Case Number:	CM13-0065833		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2010
Decision Date:	06/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 62 year old female who was injured on 12/13/2010. The mechanism of injury was a trip and fall whereby she landed on her hands and knees and suffered injuries to her knees and her upper extremities. Prior treatment history has included ibuprofen, ice. The patient underwent postoperative physical therapy for the right shoulder, which did help with her symptoms. A clinic note dated 11/08/2013 states the patient experiences throbbing and burning pain in the right shoulder which comes and goes. The pain increases with backward reaching, pushing, pulling, repetitive movement, and lifting greater 15-20 pounds. There is radiating pain from the right shoulder into the right side of her neck and ear, which comes and goes. There is numbness and tingling in the right arm, hand, and fingers when sleeping on the right side of her body. The physical examination of the right shoulder is limited. There are healed arthroscopic incisions and abduction and forward flexion are 145 degrees. An internal rotation takes the right hand to the L4 region. She has good strength of the abductors of the shoulder. There is a negative Neer and a negative Hawkins impingement sign. There is anterior subacromial tenderness with faint crepitus. There is also tenderness of the right trapezius muscle. Grip strength on the right is 6, 5, 2 and on the left is 18, 10, 10. The patient had 90% of her motion recovered. She was to be seen again in follow-up. The impression is that the patient is status post arthroscopic right shoulder rotator cuff repair as well as subacromial decompression and biceps tenodesis. She has been recommended to undergo a course of physical therapy 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 X 12 VISITS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, this patient had right shoulder arthroscopic surgery in July 2011 and now continues to complain of chronic right shoulder pain radiating to neck associated with numbness and tingling in right arm/hand/fingers. On physical exam, there is decreased right shoulder Range of Motion (ROM), tenderness over anterior subacromial with faint crepitus, right trapezius muscle tenderness, good strength, and negative Neer/Hawkins tests. The guidelines recommend 24 visits over 14 weeks for the arthroscopic surgery. There is documentation that this patient had postoperative physical therapy since surgery in July 2011; however, there is no documentation of total number of physical therapy sessions completed as well as no documentation of response to the prior physical therapy treatment completed. The surgery was 2 years ago and there is no mention that the patient had a flare-up of the symptoms. The request is for 12 sessions of physical therapy for right shoulder; however, the chronic pain medical guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. This exceeds the guidelines recommendation. Thus, the medical necessity has not been established and the request is not medically necessary and appropriate.