

Case Number:	CM13-0066691		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2011
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
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 & 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 46 year old female who was injured on 10/31/2011 while bending down and picking up a tote when she developed acute pain in her neck, right and left shoulder and radiating pain down the right and left upper extremity. Prior treatment history has included an arthroscopic subacromial decompression. The patient underwent a Mumford procedure, resection of the long head of the biceps tendon and coracoplasty on 05/17/2013. The patient was previously authorized 16 physical therapy sessions. Steroid injection helped only temporarily. On 11/20/2013 the patient's medications included Morphine ER, Norco 10/325 mg, Cyclobenzaprine, Terocin ointment bid. An orthopedic evaluation dated 09/25/2013 documented the patient is still stiff. On the QME supplement a steroid injection and physical therapy were recommended and if those fail after four weeks, then possible manipulation under anesthesia. A progress note dated 10/28/2013 documented the patient returns for evaluation of the left shoulder following arthroscopic subacromial decompression, Mumford procedure, resection of the long head of the biceps tendon and coracoplasty. The patient has reasonable passive range of motion so I don't think manipulation under anesthesia is appropriate. She is going to physical therapy which is helping so she will continue with that. She was unable to lift her arms over shoulder height for a long time and that is the reason her parascapular muscles are weak, sore, and in spasm and pulling on her neck causing neck pain and headaches. As they get stronger, the symptoms should resolve. A progress note dated 11/25/2013 documents the patient returns for an evaluation of her left shoulder. She still has poor active range of motion, good passive range of motion. Physical therapy is helping with that so she will continue with that. She is working on strengthening on her own. There is overall improvement in lifting her arm over shoulder height from a 07/23/2013 visit with chronic pain where she was unable to reach this height (pre-physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines recommend post-surgical treatment at 24 visits over 14 weeks for this patient's diagnosis and procedure. According to the medical records provided for review, the patient has been approved for 16 therapy visits. The request is for 8 additional visits, which fit within the MTUS Postsurgical Treatment Guidelines. The patient has shown overall improvement with the physical therapy received thus far including overall lifting of the arm. The requested physical therapy is made with expectations of continued improvement in strength and range of motion. The request meets the MTUS Postsurgical Treatment Guidelines with respect to the number of visits requested and documentation of improvement. The request is medically necessary and appropriate