

Case Number:	CM14-0000856		
Date Assigned:	01/17/2014	Date of Injury:	10/07/2002
Decision Date:	04/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 worker of construction truck company who submitted a claim for a Sprain of the Rotator Cuff (ICD 8404) from an associated industrial injury on October 7, 2002. Treatment to date has included physical therapy, home plan exercise, pain medications and multiple left shoulder surgeries. Diagnostic work up to date has included (1) x-ray: normal Left shoulder with prosthesis in proper alignment and normal right shoulders, (2) MRI: right shoulder distal supraspinatus tendinosis and/or partial interstitial tear, (3) EMG-within normal limits. Utilization review from December 10, 2013 denied request for an additional 12 sessions of Physical Therapy to right shoulder between 11/25/2013-2/8/14. Based on medical records from 2011 through 2013, the patient has suffered recurrent dislocated shoulder and post-op adhesions. The patient has undergone multiple left shoulder surgeries which included total joint arthroplasty with lysis of adhesions, repair of rotator cuff and manipulation under anesthesia dated April 23, 2010; May 20, 2011; December 12, 2011; February 22, 2013. He had 12 post-op land base PT (Jan 2013) and 12 pool therapy (7/10/2013). On September 9, 2013, the patient had plateaued in terms of improvement. On progress note dated September 24 2013, patient still experienced bilateral shoulder pain with radiation to neck down to arms and wrist (L>R) relieved by ice and PT. He was unable to raise arms overhead, unable to lift >20lbs, pain started at 10lbs. Hawkins test was positive. Patient was on Vicodin, Soma, Ambien, Relafen, Valium. On November 2013, patient's right shoulder was locked at 20 degrees. Additional 12 PT sessions was advised; however, this was not approved due to the plateau noted last September 2013 and because of CA MTUS Guidelines recommendation of 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy.

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

Decision rationale: CA MTUS postsurgical treatment guidelines recommend a number of 24 visits over 14 weeks which the patient has already completed since he already had a total of 24 PT sessions. It is unclear why transition to an independent home exercise program would not be possible. For these reasons, plus the fact that the patient has plateaued and poor prognosis was indicated in the 7/17/2013 report, the additional 12 PT sessions for the right shoulder is not medically necessary.