

Case Number:	CM14-0001764		
Date Assigned:	01/24/2014	Date of Injury:	01/31/2012
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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:

This patient is a 53-year-old male with date of injury of January 31, 2012. Per handwritten report June 14, 2013, diagnosis is status post surgical repair of the right shoulder. Under treatment plan, it states that patient will benefit from another 12 weeks of rehab excursion-something. A typed report on June 19, 2013 reported the patient presents with complaints of pain in the neck, residual pain in the right shoulder, has finished physical therapy with overall significant improvement. On exam, the healed incisions, mild spasm, tenderness observed to paravertebral muscle of the cervical spine. The patient did not need any medications and Norco is to be stopped. Formal request was for functional capacity evaluation to systematically document the patient's current physical abilities and MRI of the C-spine to identify current physiological insults and define anatomical defects. The diagnoses were cervical sprain/strain, shoulder tenderness/bursitis. The report on July 31, 2013 indicated that the patient is status post shoulder surgery, continues to be symptomatic, has pain in the neck with radiating symptoms in the upper extremity, and the request was for a functional capacity evaluation and MRI study of the C-spine. The report on March 27, 2013 states that the request for functional capacity evaluation continues to be denied. The patient is returning with continued complaints of the right shoulder pain post-arthroscopy with decreased range of motion and strength. Twelve sessions of physiotherapy that were approved in January were never attended, thus, the patient did not receive contact from the physiotherapist recommended by the carrier. There is an operative report dated August 24, 2012 for right shoulder chondroplasty, synovectomy, arthrotomy, open subacromial decompression with a resection of CA ligament, repair of the rotator cuff tear. The request for physical therapy 2 times a week for 5 weeks was denied by utilization review letter December 20, 2013 and the rationale was that the patient has had 24 postoperative physical

therapy sessions since 2012, rotator cuff repair, and the report reviewed from November showed no new injury, no report of acute flare, and did not see justification for another 5 weeks of skilled therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FIVE WEEKS FOR CERVICAL SPINE TO RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic persistent shoulder pain. The patient is status post shoulder surgery from August 24, 2012 for rotator cuff tear and decompression for impingement. The request is for physical therapy 2 times a week for 5 weeks. Unfortunately, the progress reports from September, October, November leading up to the date of utilization review letter are missing. The request for authorization containing this particular request is also missing. The available progress reports are from earlier and middle part of 2013. The patient had shoulder surgery on August 24, 2012 and based on utilization review letter December 20, 2013, the patient has had 24 sessions postoperative therapy. The report on March 27, 2013 by the treating physician indicates that the patient was authorized for 12 sessions which was not received yet. There were no therapy reports provided to verify the exact therapy history in 2013. However, it is clear that this patient is outside of postoperative timeframe given that the surgery was from August 2012. For non-postoperative physical therapy, the California MTUS Guidelines recommend 9 to 10 sessions for myalgia, myositis. The California MTUS Guidelines do not specifically discuss flare-ups or exacerbations requiring physical therapy. Given the lack of progress reports on September, October, and November, the rationale behind the treating physician's request for physical therapy is not known other than what is stated in the utilization review letter. However, based on reconstruction of the patient's progress report by [REDACTED], June 14, 2013, the patient continues to be symptomatic with decreased range of motion. The report also recommended physical therapy. Given that the patient has not had physical therapy for the most part of 2013 following surgery, August 2012, a short course of physical therapy may be reasonable. A short course of physical therapy up to 10 sessions may be indicated given the patient's persistent chronic pain. The recommendation is for authorization as California MTUS Guidelines allow up to 9 to 10 sessions for myalgia and myositis-type of condition that this patient suffers from. The request is medically necessary.