

Case Number:	CM14-0003073		
Date Assigned:	01/29/2014	Date of Injury:	06/11/2009
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 49 year old male with an injury reported on 06/11/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/19/2013, reported that the injured worker was seen for follow-up of his right shoulder. The physical examination findings revealed the injured worker's range of motion of his right shoulder was to 160 degrees with forward elevation, abduction was to 90 degrees, and external rotation was to 90 degrees. Strength testing to the supraspinatus-infraspinatus was 4+/5, and subscapularis was 5-/5. The biodex test was performed and demonstrated the injured worker's right side and how it compared to his left. It was noted that he was at 78% for internal rotation and 70% for external rotation, 60% internal rotation and 37% external rotation. The injured worker's diagnoses included arthroscopy of right shoulder in 2009, status-post right shoulder arthroscopy, subacromial decompression, distal clavicle excision and biceps tenodesis on 06/09/2013. The request for authorization was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE PHYSICAL THERAPY FOR RIGHT SHOULDER (QUANTITY 12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3.

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

Decision rationale: The request for additional post operative physical therapy for right shoulder (quantity 12) is not medically necessary. The physical examination findings revealed the injured worker's range of motion of his right shoulder was to 160 degrees with forward elevation, abduction was to 90 degrees, and external rotation was to 90 degrees. Strength testing to the supraspinatus-infraspinatus was 4+/5, and subscapularis was 5-/5. The California MTUS guidelines recommend 24 physical therapy visits over 14 weeks postoperatively. The guidelines note the postsurgical physical medicine treatment period is 6 months. The injured worker completed post-operative physical therapy, and was described as overall improving and showing good progress; however, he is still moderately weak. There is a lack of evidence that the injured worker has any significant functional deficits noted. There is also a lack of information that the injured worker's strengthening could not be done with a home exercise program. The efficacy of the prior therapy was unclear. Furthermore, the request exceeds the authorized 6 months guideline recommendation. Therefore, the request for additional post-operative physical therapy for right shoulder (quantity 12) is not medically necessary and appropriate.

BIODEX TEST (QUANTITY 1): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Computerized Muscle Testing

Decision rationale: Biodex is referred to as isokinetic. The clinical document indicated that the injured worker was making good progress, though his strength is still moderately weak. The Official Disability Guidelines on computerized muscle testing are not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. The biodex test was performed and demonstrated the injured worker's right side and how it compared to his left. It was noted that he was at 78% for internal rotation and 70% for external rotation, 60% internal rotation and 37% external rotation. Differential sides were not provided within the clinical information. The provider did not indicate the rationale for a repeated test. Additionally, the guidelines do not recommend the use of computerized muscle testing. As such, the request for biodex test (quantity 1) is not medically necessary and appropriate.

RETRO BIODEX TEST (QUANTITY 1): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Computerized Muscle Testing.

Decision rationale: Biodex is also referred to as isokinetic. The clinical document indicated that the injured worker was making good progress, though his strength is still moderately weak. The Official Disability Guidelines on computerized muscle testing are not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. The biodex test was performed and demonstrated the injured worker's right side and how it compared to his left. It was noted that he was at 78% for internal rotation and 70% for external rotation, 60% internal rotation and 37% external rotation. Differential sides were not provided within the clinical information. The provider did not indicate the rationale for the initial test. Additionally, the guidelines do not recommend the use of computerized muscle testing. As such, the request for retro biodex test (quantity 1) is not medically necessary and appropriate.