MAXIMUS Federal Services

Case Number:	CM14-0007018		
Date Assigned:	02/07/2014	Date of Injury:	09/14/2010
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/18/2014

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 53-year-old female who reported an injury on 09/14/2010 secondary to an unknown mechanism of injury. Her diagnoses include right shoulder rotator cuff tear and right shoulder adhesive capsulitis. The injured worker underwent a subacromial decompression for the rotator cuff tear in the right shoulder on 03/09/2012. She was also treated with manipulation under anesthesia on 09/07/2012. According to the medical records submitted for review, the injured worker was treated previously with a TENS unit, medications, a home exercise regimen, and at least 38 visits of physical therapy for the right shoulder. It was noted that a previous physical therapy evaluation was performed on 01/16/2013.The injured worker began the most recent course of physical therapy on 11/05/2013. On the most recent initial evaluation, she was noted to have 78 degrees of active right shoulder flexion, and 64 degrees of active right shoulder abduction. She was also noted to have 3/5 strength with flexion, 5/5 strength with extension, and 4/5 strength of the infraspinatus. According to physical therapy note dated 11/20/2013, the injured worker had completed 6 of 6 authorized physical therapy visits with minimal improvement with range of motion and strength. She was noted to have 89 degrees of active shoulder flexion and 76 degrees of active shoulder abduction. She was also noted to have 3/5 strength with shoulder flexion, 5/5 strength with extension, and 4/5 strength of the infraspinatus. It was noted that these active range of motion values were decreased from the evaluation dated 01/16/2013. At a clinical visit on 12/02/2013, the injured worker reported bilateral shoulder pain. She reported that physical therapy visits had been helpful in improving some range of motion and strength in her right arm again. On physical examination, she was noted to have 150 degrees of right shoulder flexion and 150 of right shoulder abduction. She was also noted to have a positive impingement sign and mild crepitus. The injured worker was recommended for continued medications, TENS unit supplies, and a followup with her

orthopedic surgeon. A Request for Authorization was submitted on 12/03/2013 for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OF THE RIGHT SHOULDER.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 27.

Decision rationale: The request for physical therapy of the right shoulder is not medically necessary. According to the medical records submitted for review, the injured worker underwent a right shoulder rotator cuff repair on 03/09/2012. She attended at least 12 visits of postoperative physical therapy thereafter. The injured worker underwent a manipulation under anesthesia of the right shoulder on 09/07/2012. She attended at least 38 physical therapy visits thereafter. According to the most recent physical therapy note, dated 11/20/2013, the injured worker had minimal improvement with range of motion and strength during the most recent course of physical therapy. The California MTUS Post-Surgical Treatment Guidelines may recommend an initial course of physical therapy following a rotator cuff repair procedure. These guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. These guidelines recommend up to a total of 24 physical therapy visits for the repair of a rotator cuff tear or adhesive capsulitis. As the injured worker has already completed at least 38 visits of physical therapy postoperatively, the request for additional physical therapy for the right shoulder is excessive according to the evidence based guidelines for treatment duration. Additionally, the request as written fails to specify a number of additional physical therapy sessions requested. Furthermore, in the absence of recent documentation of significant functional improvement gained in physical therapy, there is insufficient evidence to indicate that the injured worker would benefit from an additional course of physical therapy at this time. As such, the request for physical therapy of the right shoulder is not medically necessary.