MAXIMUS Federal Services

Case Number:	CM14-0008754		
Date Assigned:	02/12/2014	Date of Injury:	07/21/2012
Decision Date:	08/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 42 year old female with a work injury dated 7/21/12. The diagnoses include shoulder arthroscopy with rotator cuff repair 04/30/2013, adhesive capsulitis, possible ulnar neuropathy at the right elbow. Under consideration is a request for physical therapy two times a week for three weeks. There is a primary treating physician report dated 7/7/13 that states that the patient presents for a post op follow up visit. The patient is status post right shoulder rotator cuff repair. There is moderate swelling and pain. The patient continues to complain of bilateral lower extremity swelling since the surgery. Her blood work was essentially normal. The treatment includes light duty work, referral to internal medicine for swelling in legs, physical therapy. An 8/14/13 follow up indicates that the patient reports marked limitation of external rotation to the right shoulder. Patient is unable to perform overhead activities with the right upper extremity secondary to pain and stiffness to the shoulder. She reports neck pain and stiffness. Patient reports persistent numbness to the ulnar fourth and fifth digits of the right hand. Despite formal physical therapy patient reports lack of improvement and right shoulder pain and no improvement in range of motion. The diagnosis is adhesive capsulitis right shoulder, history of arthroscopic surgical intervention right shoulder on April 30, 2013, partial-thickness rotator cuff tear right shoulder in prior MRI scan with tendinosis, sensory deficits right ring and fifth fingers with some ulnar neuropathy at level of the elbow. The plan includes a trial Kenalog injection to the right shoulder subacromial bursa, self-directed mobilization and stretching type exercises as well as formal physical 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 times three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical therapy post surgical treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): p.98-99,Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical therapy two times a week for three weeks is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 24 visits after this surgery. The documentation indicates that the patient has had 24 visits for this condition. The documentation indicates that despite formal physical therapy patient reports lack of improvement and right shoulder pain and no improvement in range of motion. The patient should be active in a self directed home exercise program. Without evidence of benefit of prior therapy the request for additional physical therapy two times a week for three weeks is not medically necessary.