

Case Number:	CM14-0010858		
Date Assigned:	02/21/2014	Date of Injury:	12/03/2007
Decision Date:	06/26/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Pain Management 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 is a female patient with date of injury of December 3, 2007. A utilization review determination dated December 26, 2013 recommends the non-certification of twelve (12) sessions of physical therapy for the right shoulder. Non-certification is recommended because the patient already has authorization for an appropriate course of postoperative therapy (a total of 24 sessions) and there is no indication why the patient cannot transition to an independent home exercise program. A progress note dated December 5, 2013 identifies subjective complaints of continued, but improving, occasional pain stiffness and aching this of the right shoulder; pain over the acromion, and excellent improvement of the right shoulder with physical therapy. The physical examination identifies well-healed arthroscopic portals of the right shoulder, range of motion of the right shoulder is 0 to 165 degrees with forward flexion and abduction, internal rotation to the sacroiliac (SI), and manual muscle testing is 4/5. The diagnoses include industrial injury to bilateral shoulders in July 2007 and January 2008, status post left shoulder arthroscopic knee on June 19, 2009, status post arthroscopic decompression, acromioplasty and debridement with Mumford procedure of the right shoulder on August 30, 2013. The treatment plan recommends the continuation of physical therapy, a prescription for a new regimen of physical therapy to completed at two (2) times a week for six (6) weeks to work on deficits in range of motion, deficits in strength as well as functional deficits in regard to the right shoulder, continuation of applying ice, use of anti-inflammatories, and self-directed stretching and strengthening exercises as per physical therapist. The patient was advised to follow up in six (6) weeks. An MRI of the right shoulder dated February 25, 2013 identified subacromial/subdeltoid bursitis with mild edema involving the outlet bursal sided fibers of the supraspinatus tendon. There is no evidence of articular surface or midsubstance rotator cuff tear, retraction, or muscle atrophy. The biceps tendon, biceps labral anchor, and glenoid labrum are normal. There is mild

lateral downward sloping of the acromion with subarticular cyst formation of the anteromedial type II acromion. A progress note dated January 23, 2014 identifies subjective complaints of continued right shoulder deficits with full forward flexion as was light pushing and pulling activities. The patient reports to be doing excellent and has completed twenty-four (24) sessions of physical therapy. However, there is a complaint of extreme pain in the anterior aspect of the right shoulder and there is report of continued difficulty with internal rotation. The patient also reports inability to reach behind their back. Physical examination of the right shoulder identifies well healed arthroscopic portals, range of motion with forward flexion at 0 to 160 degrees, with abduction at 0 to 165 degrees, and internal rotation is to the lateral aspect of the head. Manual muscle testing is 4/5 in all directions. The treatment plan recommends physical therapy for twice a week for four weeks for a total of eight sessions. The therapy would be to help with scapular thoracic dyskinesia and for further progression of range of motion. The patient was recommended to continue with icing, anti-inflammatories, and self-directed stretching and strengthening exercises. The patient's work status is totally and temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY TREATMENTS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: The Postsurgical Treatment Guidelines support up to twenty-four (24) sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, the patient has completed twenty-four (24) sessions of physical therapy, which is maximum number of physical therapy sessions recommended by the guidelines. In light of the above, the currently requested additional twelve (12) visits of physical therapy for the right shoulder are not medically necessary.