

Case Number:	CM14-0019645		
Date Assigned:	06/11/2014	Date of Injury:	08/01/2002
Decision Date:	08/05/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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, 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 58 year old right male. He has been diagnosed with right shoulder rotator cuff tear, status post right rotator cuff repair and acromioplasty on 6/13/13, status post cervical fusion in 2004 with current neck pain. There is a request for physical therapy, cervical, right shoulder. There is a 3/4/13 orthopedic document that states that the patient had a previous cervical fusion in 2004 and repair of the rotator cuff tear in June 2013 on the right. In terms of his neck, he had an episode two weeks ago, where he woke up and cannot move his neck for almost two weeks. There was quite limited range of motion and stiffness. In terms of right shoulder, he still has some pain catching as well as some weakness in the right arm and stiffness. He has had 12 sessions of physical therapy and never was approved for additional 12 sessions. He is currently not working and receiving social security disability. He is using Naproxen and inflammation and has been tapering off the Norco over the time for pain. On exam he has tenderness along the cervical paraspinal muscles bilaterally. Cervical flexion 40 degrees, extension 30 degrees, lateral tilting to the right is 15 degrees, and left is 40 degrees. His shoulder abduction is 90-105 degrees, flexion 100 degrees. He has weakness with shoulder abduction is 5-/5, internal rotation is 5/5 and adduction 4+/5 on the right. He still has tenderness along the posterior capsule, rotator cuff, and biceps tendon of the right shoulder. The treatment plan states that he is status post shoulder surgery in June. He has had 12 sessions of therapy and requesting additional therapy to be functional as well as CT scan of the cervical spine to evaluate previous fusion, any adjacent segment disease as well as referral for possible injection. The patient is currently not working and is retired. There is a document that states that on 10/14/13, the patient presents with right shoulder pain, status post right rotator cuff repair and acromioplasty on 6/13/13. The patient had

just completed 12 PT sessions and notes improvement in motion. His ROM was 140 abduction for the right and 110 degrees for the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE AND RIGHT SHOULDER:

Upheld

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 pages 98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical therapy for the cervical spine and right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that therapy should be directed to an active self directed home exercise program. The documentation does not indicate that the patient has been participating in a home exercise program after his prior 12 PT sessions for his shoulder. It is unclear how much PT he has had for his neck in the past and the outcome of this therapy. The request as written does not indicate a quantity of physical therapy sessions for the cervical spine or shoulder. The request for physical therapy for the cervical spine and right shoulder is not medically necessary.