

Case Number:	CM14-0112675		
Date Assigned:	08/01/2014	Date of Injury:	11/06/2013
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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:

This is a 52-year old patient with an 11/6/13 date of injury. Mechanism of injury was a lifting injury involving the right shoulder. When seen on 1/13/14, the patient complained of diffuse pain in the right shoulder, as well as popping, clicking, and jamming with motion. Physical examination revealed tenderness and guarding, as well as positive findings on provocative testing. Right shoulder x-ray imaging was noted which revealed a type 3 acromion, moderate to severe AC degenerative changes, no fracture, dislocation, loose bodies, or abnormal calcifications. An MRI of the right shoulder was performed on 12/30/13, and revealed the following: 1) Tendinopathy of the supraspinatus and infraspinatus, without any discrete rotator cuff tendon is identified; 2) Linear signal abnormality is identified at the level of the anterosuperior labrum, which may indicate a non-displaced labral tear, although evaluation is limited without intraarticular contrast; Moderate acromioclavicular joint osteoarthritis is noted at the site of the patient's pain. On 02/20/14, the patient underwent shoulder surgery, which included the following: 1) Right shoulder arthroscopy 2) Subacromial decompression acromioplasty 3) Mumford procedure 4) Extensive intra-articular debridement 5) Open biceps tenodesis. When re-evaluated on 06/18/14 the cervical spine findings were unchanged, and the patient now had decreased sensation in the C5 dermatome on the left. Right shoulder examination reveals subjective complaints of tenderness and antalgic restriction to range of motion testing, otherwise range of motion was unrestricted in all planes. Rotator cuff weakness was noted. Treatment to date: physical therapy x 18 in 2013, right shoulder surgery on 2/20/14 with post op physical therapy x 25 from 2/23/14 to 5/23/14, medications, and HEP. An adverse determination was received on 07/11/14, because the documentation provided did not specifically designate if this physical therapy is for chronic pain or continued postoperative rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 4 weeks to the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99, 127.

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. CA MTUS Postsurgical Treatment Guidelines support up to 24 postoperative physical therapy visits following subacromial decompression. This patient underwent right shoulder surgery on 02/20/14 due to traumatic internal derangement. Over the next 3 postoperative months, he attended 25 sessions of physical therapy, and performed a home exercise rehabilitation program. When reevaluated on 05/21/14 and again on 06/18/14, he complained of persistent pain and restricted range of motion. Nevertheless, functional range of motion and strength testing were essentially normal, and revealed no significant interval changes. The objective findings documented were primarily attributable to subjective complaints of pain, and to antalgic guarding. The state of California postoperative guidelines allow 24 post-surgical visits, which this patient has already had. Therefore, the request for physical therapy 2 x week x 4 weeks to the cervical spine and right shoulder is not medically necessary.