

Case Number:	CM14-0139073		
Date Assigned:	09/05/2014	Date of Injury:	01/29/2014
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 & 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 39 year old male with a work injury dated 1/29/14. The diagnoses include status post 2/2014 right shoulder arthroscopy with open sub pectoral biceps tendinosis. Under consideration is a request for 12 additional physical therapy sessions to the left shoulder. There is a neurology report dated 6/5/14 that states that the patient injured his shoulder on 1/29/14 at work. He eventually underwent a right-shoulder arthroscopy-with labral debridement and open biceps tendon reattachment; however, he has been continuing to -have pain and weakness in the arm and numbness in the right arm that sometimes spreads down as far as the wrist, but not into the hand. An EMG performed on-04/23/14 and was consistent with subclinical carpal tunnel syndrome with severe right musculocutaneous nerve dysfunction. The exam findings include that the motor examination shows normal bulk throughout except for diminished bulk of the right biceps. Normal tone. Strength is 5/5 except for right biceps, which is approximately 4/5. Sensory Examination Sensation snowed subjectively diminished pain and light- touch over the biceps area and the anterolateral forearm down to the wrist. Reflexes are 2+ except absent at the right biceps and significantly diminished at the right brachioradialis. Per documentation on 7/22/2014 the patient complained of musculocutaneous nerve neuropraxia. The dysesthesia is decreased after increase of Neurontin. Shoulder pain decreased, ROM improved. Neck pain worse with motion. Physical exam reveals right shoulder tenderness to palpation. The range of motion was active abduction 160 degrees, passive abduction 170 degrees, external rotation 60 degrees, and internal rotation 0 degrees. Muscle strength 5/5. Decreased sensation to light touch. There is a request for 12 more PT sessions to strengthen the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The guidelines recommend up to 24 visits for this surgery. The guidelines encourage a transition to an independent home exercise program. The patient had a superimposed nerve injury in addition to his shoulder surgery; however the documentation indicates that the patient has had 30 sessions of PT already. The patient should be versed in a home exercise program at this point. The request for 12 additional physical therapy sessions to the left shoulder is not medically necessary.