

Case Number:	CM14-0151685		
Date Assigned:	09/19/2014	Date of Injury:	03/30/2012
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 and is licensed to practice in Georgia. 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 51 year old male who injured his left shoulder on 03/30/2012 participating in a training session, wherein the patient fell with another deputy on top of him, resulting in a left shoulder anterior dislocation, Bankart lesion, and Hill-Sach's deformity. Prior treatment history has some prior physical therapy, though no PT notes are included in the records provided. Diagnostic studies reviewed include MRI of the cervical spine dated 11/12/2013, which revealed degenerative disc disease at the cervical spine C4-C5 and C6-C6. An x-Ray taken of the left shoulder on 08/20/2014 revealed postoperative changes of the acromion process and resection of the distal end of the clavicle. Relevant surgical history includes left shoulder arthroscopy on 08/09/2013, with the following procedures performed: Subacromial decompression and acromioplasty (Revision); resection of the coracoacromial ligament; extensive subacromial and subdeltoid bursectomy; glenohumeral synovectomy/chondroplasty/debridement; distal clavicle resection (Mumford procedure); debridement of labrum and labral fraying; debridement of partial rotator cuff tear; lysis of adhesions; scar tissue release, capsular release, left shoulder; insertion of pain pump (extra-articular). A 08/21/2013 progress report indicated the patient was referred for a course of 24 PT visits. An 11/11 2013 progress report indicated he had completed a course of physical therapy but had continued stiffness. A recommendation was made for 12 additional PT sessions. AME dated 08/20/2014 stated the patient presented with complaints of neck pain with daily headaches; restricted motion of the left shoulder; left upper extremity numbness; continue soreness of the low back with prolonged sitting or standing. On exam, he had bilaterally paracervical and trapezius muscle pain. There was tenderness of the supraclavicular fossa; He had 35% decreased muscle strength in the left upper extremity with forward flexion, abduction and external rotation. The shoulders revealed abduction on the right of 180 and the left was 40; adduction on the right

was 40 and the left was 15; flexion was 180 on the right and 45 on the left; extension was 60 on the right and 20 on the left; internal rotation on the right was 80 and left shoulder was 40; and external rotation on the right was 90 and the left was 30. Review of records performed by the examiner included an MRI of the left shoulder from 04/03/2012. Impressions included a Hill-Sach's deformity, Bankart lesion, and status-post left anterior shoulder dislocation with subsequent reduction. The patient was diagnosed with chronic recurrent musculoligamentous injury of the cervical spine, trapezius muscle; degenerative disc disease of the cervical spine; chronic recurrent musculoligamentous injury; and grade I isthmic spondylolisthesis. Prior utilization review dated 08/21/2014 stated the request for 12 physical therapy visits 2 times per week for 6 weeks for the left shoulder, beginning 08/12/14 was not certified as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits 2 times per week for 6 weeks for the left shoulder, beginning 08/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The Official Disability Guidelines (ODG) notes that physical therapy is recommended. Evidence most strongly supports active therapy rather than extensive use of passive modalities. The Official Disability Guidelines (ODG) recommends physical therapy for 24 visits over 14 weeks for patients who are post-op from shoulder dislocations with Bankart lesions. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is therapeutic exercises, but other active therapies may be recommended as well including neuromuscular reeducation, manual therapy, and therapeutic activities/exercises. Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral. The medical records document that the patient has undergone a course of post-operative therapy, with 24 visits ordered. PT notes were not provided for these visits, so it is uncertain how many visits he actually completed. The UR dated 08/21/2014 lists PT visit notes from 06/10/14, 06/17/14, 06/20/14, 06/24/14, 07/01/14, 07/03/14, 08/12/14, and 08/18/14 for a total of 8 additional PT visit over that time period. Outcomes from PT visits, including range of motion, strength, function, and pain symptoms are not available to review with the documents provided. Based on the ODG guidelines and criteria as well as the lack of available clinical

documentation to provide evidence for need for ongoing PT beyond the typical 24 post-operative visits, the request is not medically necessary.