

Case Number:	CM14-0024394		
Date Assigned:	06/11/2014	Date of Injury:	09/20/2012
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 male patient with the date of injury of September 20, 2012. A utilization review determination dated February 5, 2014 recommends non-certification of 8 additional postoperative physical therapy sessions for the right shoulder. A progress note dated January 29, 2014 identifies subjective complaints of minimal pain with improved strength and range of motion of the right shoulder, and persistent left shoulder pain with numbness and tingling that radiates into both hands. The patient is status post a right shoulder arthroscopic surgery with mini open proximal biceps tenodesis, micro fracture of humeral head, and major debridement done October 25, 2013. Physical examination of the right shoulder identifies clean incision and portal sites, gentle PROM pain-free, AFE 150, RC and biceps strength 5/5, no tenderness to palpation of the upper arm or forearm, normal muscle tone, normal muscle bulk, to class reflexes of biceps, triceps and brachioradialis, hand neurovascularly intact, no skin lesions or discoloration, normal capillary refill, radial and ulnar artery pulse 2+. Diagnoses include status post arthroscopy of the right shoulder and SLAP tear of the left shoulder. The treatment plan recommends continuation of ibuprofen and Prilosec, request for physical therapy two times a week for four weeks for a total of eight visits to work on the patient's ongoing pain and lack of motion, a request for a left shoulder arthroscopy with SLAP tear repair vs. proximal biceps tenodesis possible subacromial decompression and related procedures, authorization for DME including a left shoulder sling with abduction pillow, and a request for authorization for an evaluation by a fellowship trained hand surgeon for the patients bilateral upper extremity nerve compression syndromes. The patient's work status is confined to home and his disability status is not permanent and stationary. A progress note dated February 19, 2014 identifies subjective complaints of continued improvement of the right shoulder. Physical examination of the right shoulder was identical to the previous progress note except for AFE to 160 degrees with minimal pain and Hawkins test

was equivocal. The treatment plan recommends an appeal to the denial of physical therapy for two times per week for four weeks for a total of eight visits. The documentation states that the patient has shown improved range of motion and strength over the last few office visits that correlate with activities in physical therapy; therapy notes also document substantial and sustained progress with the outlined program. Due to the patient's persistent pain and weakness ongoing physical therapy is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY FOR RIGHT SHOULDER QTY. 8:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for 8 additional post-op physical therapy sessions for the right shoulder, California MTUS supports up to 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 documentation of 12 and additional 8 PT sessions authorized. There is unclear and contradictory statements of improved pain and ROM with the therapy already received, as well as continued pain and limited ROM with need for additional therapy. Furthermore, there is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, 8 additional post-op physical therapy sessions for the right shoulder is not medically necessary.