

Case Number:	CM14-0026383		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2011
Decision Date:	08/06/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 55 year old with a work injury to his right shoulder dated 3/31/10. The diagnoses include involved status post right rotator cuff repair, and acromioplasty. The patient was a motor coach operator who developed right shoulder pain at work after repetitive lifting. He was diagnosed with rotator cuff impingement and acromioclavicular joint arthritis. An MRI scan demonstrated partial tear of supraspinatus and subscapularis tendons and AC joint arthritis. He failed non operative measures and elected to proceed with surgical treatment which involved status post right rotator cuff repair, acromioplasty, Mumford, and biceps tenodesis on 8/20/13. Under consideration is additional physical therapy x six visits for the right shoulder. The documentation indicates the patient has had 24 post op therapy visits. There is a 1/30/14 orthopedic surgeon progress report that states that the patient reports that his range of motion and strength are nearly normal and he has no shoulder pain. He does not feel capable of lifting more than 20 pounds and needs to lift 75 lbs to return to work. He was referred to physical therapy and has improved but has a plateau. He has permanent restrictions regarding the left shoulder. There is tenderness at the AC joint and around the acromion. The impingement sign is negative. There is no pain or weakness with rotator cuff strength testing. The biceps are intact and symmetrical bilaterally. Motor and sensory exams are normal. There is a 1/30/14 orthopedic surgeon progress report that states that the patient reports that his range of motion and strength are nearly normal and he has no shoulder pain. He does not feel capable of lifting more than 20 pounds and needs to lift 75 lbs to return to work. He was referred to physical therapy and has improved but has a plateau. He has permanent restrictions regarding the left shoulder. On exam the right shoulder range of motion is 180 degrees of flexion, 50 degrees of extension, 170 (degrees of abduction, 50 degrees of adduction, 80 degrees of external rotation, and 80 degrees

of internal rotation. There is tenderness at the AC joint and around the acromion. The impingement sign is negative. There is no pain or weakness with rotator cuff strength testing. The biceps is intact and symmetrical bilaterally. Motor and sensory exams are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TIMES SIX VISITS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The patient has had the recommended 24 post op visits. The MTUS Guidelines recommend a fading of treatment frequency of physical therapy to an active self directed home program. The documentation submits no extenuating circumstances which would require a supervised physical therapy program. The request for additional physical therapy x six visits for the right shoulder is not medically necessary.