

Case Number:	CM14-0032792		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2012
Decision Date:	07/24/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas. 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 41-year-old female with industrial injury date of 2/9/2012. Regarding the right shoulder, the patient is status post right shoulder arthroscopic surgery, with decompression, acromioplasty, extensive bursectomy, debridement, Mumford procedure, and repair of capsular tear. According to the documentation provided, she has been certified for 48 sessions of physical therapy, most recently certified 12 sessions through 3/19/2014, and 12 sessions of work hardening. According to the PT visit records, the patient had completed 33 physical therapy sessions as of 2/12/2014. According to the progress report dated 4/3/2014, the patient was seen for orthopedic reevaluation of the right shoulder, she is status post diagnostic arthroscopy on 8/16/2013 with decompression, acromioplasty and debridement. Her last Kenalog injection was on December 12, 2013, which gave some benefit, but she continues with stiffness. She also uses a Dynasplint at home that is currently set on external rotation as this continues to be the range of motion she lacks the most. She was doing physical therapy up until this point, however therapy has since last and she has time has had signs of adhesive capsulitis for some time. She continues to note pain that is pretty constant. Request is made for right shoulder scope with MUA/EUA with scar tissue excision with anterior capsular release , however, the request has been denied at this point. Physical examination documents forward flexion is to 40 flexion, 130, abduction, internal rotation to L5, external rotation is 35, and manual muscle testing is 4/5. The patient was administered another Kenalog injection to the right shoulder. The report notes that the patient has undergone extensive amounts of physical therapy, kenalog injections, analgesic, anti-inflammatories, activity modification, dynasplint, and ice. She is TTD until 4/13/2014, and may return to restricted work on 4/14/2014. According to the progress report dated 2/20/2014, the patient was seen for re-evaluation of the post-op right shoulder. Physical examination shows 0-130 degrees abduction, 122 degrees forward flexion, 50% loss of internal rotation, and pain that

ranges from 0-4/10 on VAS. She reports slow progress. She has been attending physical therapy. Recommendation is for right shoulder MUA, arthroscopy and anterior capsular release and PT and CPM immediately following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of continued physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When evaluated on 2/20/2014, the patient had completed 35 PT sessions. The medical records reflect that the patient has already undergone an extensive amount of supervised therapy to date. She has apparently made slow progress post-operatively. The 4/3/2014 medical report establishes the patient has some residual motion and strength deficits; however, it is not apparent that the patient is likely to benefit with any additional therapy beyond what she has already been certified for. The patient has already exceeded the guidelines regarding the number post-surgical PT sessions as well as the treatment period recommended for her shoulder surgery. At this juncture, upon completion of the previously certified therapy, focus should be placed on active utilization of an independent home exercise program.