

Case Number:	CM14-0035848		
Date Assigned:	06/23/2014	Date of Injury:	01/19/2012
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Interventional Spine, 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:

The patient is a 56-year-old female with date of injury of 01/09/2012. The listed diagnoses per the provider dated 02/18/2014 are: accumulative trauma injury, right shoulder strain/impingement with MRI (magnetic resonance imaging) MRI evidence of rotator cuff tear; status post right shoulder arthroscopy and rotator cuff repair from 01/10/2013, and cervical spine/strain with radicular complaints. According to this report, the patient complains of intermittent moderate right shoulder pain. The patient reports that she continues to exercise at home which improves her range of motion but continues to experience pain. The objective findings show tenderness to palpation over the right trapezius musculature. There is slightly restricted range of motion due to complaints of discomfort and pain. There is muscle spasms noted. There is slightly decreased right lateral flexion and rotation. There is mildly positive cervical distraction test. The examination of the right shoulder reveals tenderness to palpation about the lateral acromion. There is muscle spasms noted. There is full range of motion. The utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right shoulder, one (1) time per week for four (4) weeks, (total of four visits): Upheld

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

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

Decision rationale: This patient presents with right shoulder pain. The patient is status post right shoulder surgery from 01/10/2013. The treating physician is requesting four additional physical therapy sessions for the right shoulder. The patient's surgery was from 01/10/2013, and post-operative guidelines do not apply because the number of visits are outside of the post-surgery guidelines recommendations. The MTUS Guidelines recommends eight to ten visits for myalgia, myositis, and neuralgia-type symptoms. The review of 68 pages of medical records do not show any recent physical therapy reports to verify how many treatments and with what results were accomplished. However, the agreed medical evaluator (AME) report dated 08/06/2013 notes that the patient received postoperative physical therapy and is continuing with her medication regimen. The progress report dated 02/18/2014 notes that the patient continues with her home exercise program to improve her range of motion and strength, but she continues to report pain. In the same report, the exam shows full range of motion in the right shoulder with tenderness to palpation about the lateral acromion. In this case, the patient does not report any recent exacerbations or new injury. There is no explanation as to why more therapy is needed. The patient should be able to continue with her current home exercise program to decrease pain and improve range of motion. As such, the recommendation is for denial.