

Case Number:	CM14-0039975		
Date Assigned:	07/07/2014	Date of Injury:	08/28/2010
Decision Date:	08/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine, 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 claimant injured his right shoulder on 08/26/10. Physical therapy was ordered for both shoulders for 8 visits. The left shoulder is not an accepted body part. The claimant underwent a panel QME on 09/13/11. Supervised physical therapy was allowed per his future medical and a new MRI was under consideration if he did not improve. He had an MRI arthrogram of the right shoulder on 06/04/13 that showed evidence of a prior labral repair with a somewhat diminutive appearance of the repaired labrum but without detached labral tissue. There was mild tendinosis and degeneration of the long head of the biceps tendon with an intact biceps anchor at the superior glenoid and no evidence of a rotator cuff tear. A note dated 08/20/13 from initial orthopedic consultation by [REDACTED] indicates that he was working full time on regular duty. He had right shoulder pain. He reportedly had been diagnosed with a torn labrum and rotator cuff. He had surgery on 11/09/10 and several months of postop PT. He was diagnosed with right carpal tunnel syndrome. He had constant pain in the right shoulder. His range of motion was limited and he felt unstable. He had some scapulothoracic dyskinesia. Activity modifications, a scapular vest, and physical therapy were recommended. He had physical therapy. On 11/13/13, he saw [REDACTED] who indicated that his left shoulder was more painful than the right. He had negative O'Brien's at the right shoulder. Physical therapy was recommended for his neck and shoulders. On 01/07/14, he was being treated for bilateral shoulder pain. Secondary diagnoses included right brachial plexus, tight posterior capsule, scapular dyskinesia and tight pectoralis minor. He reported minimal stiffness and range of motion deficits for his shoulders. He had full range of motion of the shoulder passively but it was inconsistent actively. On 01/08/14, his right shoulder was moving well but he had significant dyssynchrony and tenderness over the biceps. He was working but did not lift anything heavy. His right shoulder moved well. He had significant dyssynchrony and tenderness over the biceps. His strength in external rotation and

supraspinatus was good. He had been authorized for 20 PT sessions of the right shoulder since November 2013. There are therapy notes for 8 visits from 02/04/14 through 03/04/14. His left hip and shoulder were being treated. On 02/19/14, he noted his shoulders were a bit better. He felt that his right shoulder was unstable. He had good range of motion and mild dyssynchrony of the shoulders. He did not have atrophy. He was tender over the biceps. Supraspinatus were about equal. He was to continue physical therapy. On 02/25/14, at the 6th visit, his right shoulder was mentioned. On 02/28/14, he stated his right shoulder felt stuck forward since the day before. He saw [REDACTED] on 04/02/14 and stated that work was busy. He had bilateral shoulder pain. He had been unable to do physical therapy and was doing daily exercises at home, which were not as helpful as the therapist was. He was taking Advil. He had generalized laxity of both shoulders with significant dyskinesia. His right shoulder was more anterior than his left. He had good motion but had tenderness about the shoulder. He reportedly was not getting better with therapy at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to right shoulder 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for another course of PT for 8 visits (2 x per week for 4 weeks) for the right shoulder. The MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the claimant appears to have had a significant number of PT sessions and he continues to have what appear to be similar and essentially unchanged symptoms and findings involving his right shoulder, including dyssynchrony and dyskinesia. He has been instructed in home exercises for the same problem which is chronic. It is not clear how whether additional supervised PT can be expected or can be deemed likely to provide significant and sustained benefit that he has not already received since his injury with a full course of postoperative supervised rehab and additional PT in early 2014. The medical necessity of this request to 8 additional PT sessions (2 x 4 weeks) for the right shoulder has not been clearly demonstrated. Therefore, the request is not medically necessary.