

Case Number:	CM14-0040089		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2012
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
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 Physical Medicine and Rehabilitation and Pain 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:

This is a 59-year-old female patient with a date of injury on 12/10/12 diagnosed with bursitis and tendinitis of the left shoulder, partial tear of rotator cuff tendon, ulnar humeral sprain/strain, and lateral epicondylitis of the left elbow. A request for 6 sessions of physical medicine to the left shoulder to include electrical muscle stimulation (EMS), infrared, manipulation and myofascial release was non-certified utilization review on 03/19/14 with the reviewing physician noting that the patient has a history of left rotator cuff tear and lateral epicondylitis. She is status post recent shoulder surgery; however, a specific date or operative note was not provided and it was noted the patient had completed 12 postoperative therapy sessions to date with reported functional deficits and pain beyond the anticipated healing time. Progress note dated 02/26/14 revealed the patient presenting with subjective complaints of left shoulder pain radiating into the neck and down into her left hand, left arm pain traveling into her left elbow and left forearm with subjective weakness of the left upper extremity, and right shoulder pain with stiffness. Objective findings on physical examination revealed postsurgical stitches on the left shoulder. There was +3 spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles. There was +2 spasm and tenderness to the right upper trapezius. Shoulder range of motion was captured digitally. Speed's test was positive on the left and supraspinatus test was positive on the right. Elbow examination revealed neurological pain into the fourth and fifth digits on the left as well as +2 spasm and tenderness to the left lateral epicondyles and triceps muscles. Valgus test was positive on the left. Cozen's test and reverse Cozen's test were positive on the left. The treatment plan was to continue with an additional 6 visits of physical medicine. It was noted the patient had demonstrated increased activities of daily living since the last examination and was able to reach to higher shelving, as well as decrease medication use from Norco 3 pills daily to 2 pills daily and increase range of motion to the left elbow supination and pronation from 80 to 90

degrees. The patient was prescribed compounded topical creams and it was recommended to psychological screening be performed given the patient showing problems beyond the anticipated time of healing. An MRI of the right shoulder without contrast dated 05/07/14 revealed moderate hypertrophic osteoarthropathy of the acromioclavicular joint. There is moderate tendinosis and tendinosis of the supraspinatus tendon with a partial thickness undersurface tear of the supraspinatus tendon. There is joint effusion involving the glenohumeral joint with fluid tracking down the biceps tendon sheath as well as fluid extending into the subcoracoid bursa. There are mild arthritic changes of the glenohumeral joint. Electrodiagnostic report and nerve conduction study (EMG/NCV) dated 11/19/13 revealed severe pathology of median nerve at the left wrist consistent with left carpal tunnel syndrome; otherwise normal study of the left upper extremity. Progress note dated 04/09/14 noted the patient reporting that she had stopped improving with physical medicine for her shoulder and the current request was now for a work hardening program for the left shoulder. She also reported her right shoulder pain has gotten worse since her last exam and it was noted the right shoulder has been added to the claim by her attorney. An MRI of the right shoulder was requested. Operative report dated 10/23/13 revealed the patient underwent left shoulder diagnostic arthroscopy, synovectomy, extensive debridement, arthroscopic subacromial decompression, distal clavicle excision and debridement of partial rotator cuff tear and type I superior labrum anterior and posterior tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Medicine to the left shoulder, to include electrical muscle stimulation (EMS), infrared, manipulation & myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: The ODG guidelines regarding post-operative physical therapy state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Post-surgical treatment, arthroscopic: 24 visits over 14 weeks." This is a 59-year-old patient with a history of right shoulder subacromial decompression surgery performed on 10/23/13 who underwent an initial 12 authorized sessions of postoperative physical therapy. An additional 6 sessions were requested and denied a utilization review as there was no documentation provided at the review regarding the date and type of surgery the patient had undergone. However, that documentation is included in this review. It was noted the patient was making progress with improved range of motion and strength, as well as decreasing pain and use of medications. Given the patient had only completed 12 sessions of postoperative therapy and guidelines recommend 24 visits over 14 weeks following arthroscopic surgery, additional sessions would indeed have been appropriate. However, unfortunately the current request does not specify frequency of the

treatment being requested, and therefore 6 sessions of physical medicine to the left shoulder to include electrical muscle stimulation (EMS), and for read, manipulation and myofascial release cannot be supported as medically necessary and is not medically necessary.