MAXIMUS Federal Services

Case Number:	CM14-0040104		
Date Assigned:	06/27/2014	Date of Injury:	06/01/2012
Decision Date:	08/15/2014	UR Denial Date:	03/04/2014
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 & 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:

This patient is a 50-year-old male with date of injury of 06/01/2012. Per treating physician's report 02/07/2014, the patient presents with complaints of pain in the shoulder, weakness in both right and left shoulders, but pain is less since surgical procedure. Examination showed adduction to 140 degrees equal on both sides, 140 degrees of forward flexion on both sides, some weakness of the abductors and external rotators of the right shoulder. Listed diagnoses are other post-procedural status, cervicalgia and cervical spine pain, other affections of shoulder regions, not elsewhere classified. Under treatment and plan, the treater states that the patient still feels weakness in the abductor and external rotators and request is for additional 12 sessions of physiotherapy to improve strength of the right upper extremity. There is a physical therapy report dated 02/05/2014, which indicates 12 out of 12 visits completed. An 11/26/2013 report states that the patient is status post right shoulder arthroscopic surgery from 08/14/2013 with [redacted]. The patient has 8/10 neck pain at the base of the skull causing numbness and tingling, right shoulder pain is 3/10 with movement. Diagnosis lists right shoulder arthroscopy on 08/14/2013. The request is for additional physical therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with chronic right shoulder pain and the patient is status-post right shoulder surgery on 08/14/2013. The current request date is 02/07/2014 and is still within postoperative physical therapy guidelines timeframe. The patient appears to have undergone rotator cuff repair and for rotator cuff repair, MTUS Guidelines recommend up to 24 sessions of postoperative physical therapy. Review of the reports do not keep track of exactly how many sessions of physical therapy this patient has had postoperatively. There is a report from October 2013 showing 12 sessions of physical therapy completed. Utilization review letter from 03/04/2014 indicates that the patient has had 24 sessions of postoperative therapy. The current request is for additional 12 sessions of physical therapy given the patient's persistent weakness in the upper extremity. Given that the patient has already had 24 sessions of postoperative physical therapy, additional sessions of physical therapy are not supported by MTUS Guidelines. Furthermore, it would appear that the patient should be able to perform the necessary home exercises to strengthen the weakness, improve the range of motion, and improve function. Recommendation is not medically necessary.