

Case Number:	CM14-0044848		
Date Assigned:	07/02/2014	Date of Injury:	05/17/2013
Decision Date:	12/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 59 year old male with the injury date of 05/17/2013. The patient presents pain in his right shoulder. The 05/28/2014 progress report notes that "active range of motion is approximately 50-60% of normal values with motor strength of 4/5 at best. Deltoid is strong to palpation." The range of his right shoulder abduction motion is 45 degrees. MRI from 12/13/2013 reveals full thickness torn and retracted rotator cuff tear. The patient had a right shoulder surgery with a repair of a very large tear in October 2013. A postoperative arthrogram shows a recurrent tear due to magnitude of the original one. Per 10/23/2014 progress report, the patient is not able to work. The patient has been treated with rehabilitation and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly, right shoulder QTY: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

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

Decision rationale: The patient presents with pain in his right shoulder. The request is for 8 sessions of physical therapy for right shoulder. The patient is status post arthroscopic shoulder surgery from October 2013. The review of the reports suggests that right shoulder arthroscopic surgery had occurred in 10/03/2013 and current request for 8 sessions of therapy appears outside of post-surgical time-frame. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The 01/08/2014 progress report indicates that the patient needs to have a reverse total shoulder arthroplasty in the future and the treater has asked for "physical therapy and home exercise program to gain as much as range of motion as possible and strength in his accessory muscles for hopefully return to some type of functional capacity. " The QME report on 07/24/2014 suggests that the patient "underwent 11 sessions of physical therapy as post-operative treatment and the therapy was not very effective." In this case, prior treatments have failed and there is no explanation as to why therapy can be helpful now. However, given the anticipated possible surgery, a short course may be reasonable for cardiovascular conditioning exercises and ROM. It has been almost a year since the patient's prior surgery. The request is medically necessary.