

Case Number:	CM14-0045335		
Date Assigned:	06/27/2014	Date of Injury:	06/27/2012
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 47-year-old male with a 06/27/2012 date of injury, when he injured his shoulder as a result of lifting heavy piece of metal and work. A MRI revealed a SLAP tear and AC joint disease. He underwent 33 sessions of physical therapy tot the right shoulder between December 2012 and June 2013 (these notes were not available for review) without symptomatic improvement. His PT was stopped and the patient underwent AC joint resection and biceps tenotomy on 10/20/2013 with postoperative PT (these notes were not made available for review). He was seen for follow up on 2/26/14 complaining of right shoulder pain, although exam findings revealed excellent range of motion with pinpoint tenderness along the anterior aspect of the right shoulder, good strength but moderately uncountable with the pain revealed good range of motion. An 8 additional visit of PT were requested at that time. The treating physician was not sure why the patient's symptoms still persisted and requested an additional 8 PT sessions and possible steroid injections and or surgery should the patient's pain not improve with the additional PT. At some point after his surgery dated 10/20/13 the patient subsequently developed stiffness and eventually required a manipulation under anesthesia (date and operative note were not available for review). He had 8 visits of PT from March to April 2014 (these notes were handwritten and largely illegible). The patient was seen on 04/02/2014 (after 4 PT visits) and was noted to be progressing with great range of motion and 5/10 pain for which the physician could not account for. A recent MRI showed good healing with no major issues (no date or official report was made available for review). Exam findings were essentially unchanged from his 2/26/14 visit. The diagnosis is status post right AC resection and biceps tenotomy. The diagnosis is residual tendinopathy of the right shoulder. Treatment to date: medication, right shoulder surgery, work restrictions, physical therapy and home exercise program. An adverse determination was received on 03/18/2014 given that the patient completed a full course of

conservative treatment and that he has residual inflammation for which the doctor needs to make determination as to whether invasive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004. General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This patient had an apparent SLAP tear and had 33 sessions of physical therapy to the right shoulder from December 2012 to June 2013. He then had a biceps tenotomy and AC joint excision on 10/20/13 with post operative PT, as well as an MUA after that with more PT, and received 8 additional sessions of postoperative PT from March 2014 to April 2014. The only PT notes provided were the additional PT session requested in the 2/26/14 progress note. These PT notes were largely illegible. It is unclear exactly when the patient had his MUA and his postoperative PT for each surgery and the number of total sessions. The requesting physician stated in the progress note dated 4/2/14 that the patient had great range of motion in the right shoulder with good strength, but a home exercise program was not put in place given the patient still had pain at extreme ranges of motion. 8 additional PT sessions were requested, however the patient had not yet completed his certified 8 additional sessions of PT. There are no progress notes after the patient completed his 8th additional sessions of PT to the shoulder on 4/30/14, and it is unclear why the patient could not be independent in a home exercise program. The progress note dated 4/2/14 stated nothing further could be done for the patient's symptoms. The patient's surgical history and number of postoperative PT sessions are not clear in the documentation provided. The progress notes dated 4/2/14 stated there was nothing further the physician could offer this patient, and his PT course still was not finished. Thus it is unclear what the rationale is for further PT. Therefore, the request for additional PT x 8 to the right shoulder as submitted was not medically necessary.