

Case Number:	CM14-0047948		
Date Assigned:	07/02/2014	Date of Injury:	03/28/2013
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 patient is a 44-year-old female who has submitted a claim for status post right shoulder arthroscopy, superior labral anteroposterior repair, subacromial decompression, and biceps tenodesis; right shoulder biceps tendinosis; and right shoulder scapular tenodesis associated with an industrial injury date of March 28, 2013. Medical records from 2013-2014 were reviewed. The patient complained of pain and discomfort of the right shoulder. The pain was aggravated by activity, lifting, lying prone, straining, twisting, and overhead reaching. Physical examination showed tenderness of the right trapezial musculature. Range of motion of the right shoulder was limited. There was slight winging with range of motion and decreased adduction of his scapula. There was tenderness to palpation along his anterior shoulder diffusely and at the inferior pectoralis major tender at his biceps tenodesis site. There was discomfort on impingement, O'Brien and Speed test. MRI of the right shoulder, dated February 7, 2014, revealed evidence of a prior superior labral superior labral tear from anterior to posterior (SLAP) complex repair and a subpectoral biceps tenodesis. Treatment to date has included medications, physical therapy, home exercise program, activity modification, right shoulder arthroscopy SLAP repair and open biceps tenodesis, and right shoulder steroid injection. Utilization review, dated April 8, 2014, denied the request for physical therapy times 8 for the right shoulder. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 8 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In addition, the Official Disability Guidelines recommend 10 visits for 8 weeks for rotator cuff syndrome/impingement syndrome of the shoulder. In this case, the patient underwent right shoulder surgery on August 21, 2013 and had a total of 46 physical therapy sessions. There was documentation of some of the previous physical therapy visits and description regarding objective benefits derived from these sessions. However, the patient has already exceeded the recommended number of physical therapy sessions for the right shoulder. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for Physical Therapy times 8 for the right shoulder is not medically necessary.