

Case Number:	CM14-0078388		
Date Assigned:	07/18/2014	Date of Injury:	08/31/2013
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 28 year old male with a work injury dated 8/31/13. The diagnoses include status-post a right shoulder posteroinferior capsular shift and arthroscopic debridement of superior labral tear within the glenohumeral joint on 1/15/14. Under consideration is a request for outpatient postoperative physical therapy (PT) two (2) times a week for six (6) weeks. There is a progress report dated 7/28/14 that states that the patient returns today, about six weeks since his last visit, for a recheck of his right shoulder. He is currently a little more than six months status-post a right shoulder posteroinferior capsular shift and arthroscopic debridement of superior labral tear within the glenohumeral joint. Subjectively he states that he still has not been back to therapy. Evidentially therapy has been unable to get the authorization they need. He states that the shoulder is continuing to get stiffer and more painful. Since his last visit he states he is now having significant severe numbness of the ring and little finger on the right side. He states that he has not been back to work. At this point he expresses some frustration. On examination today he actively forward elevates to about 45 degrees, abduction is to about 40 degrees and externally rotates to about 20 degrees all with significant subjective complaints of pain. Passively, he forward elevates to about 100 degrees with abduction to 80 degrees plus, again with significant subjective complaints of pain. The elbow has full range of motion. He is not point tender along the ulnar groove. He does have good grip strength with subjective complaints of numbness in the ring and little finger. Assessment is six months status-post right shoulder surgery. The document states that the patient is falling behind because of lack of therapy and that looking through the chart it looks like therapy has been certified but it has not gone through the channels yet. There is a request to get him back to therapy as soon as possible. There is a request for an EMG study for the right upper extremity. He will continue with activities as he can tolerate. A 6/9/14 progress

note states that he was doing very well and then his therapy was not approved and he lost his range of motion and has increasing pain. He was forward elevating almost to 140 degrees and now it is down to about 90 degrees. He externally rotates to about 20 degrees and internally rotates to the buttock level. Assessment is inflammation with loss of range of motion from where he was as a result of not doing therapy. He has been trying to work it out on his own but is not progressing. There is a request to get therapy authorized two times a week for another six weeks. As of 4/15/14 the patient has attended 12 visits of PT between 2/10/14-4/15/14. Physical examination revealed increased right shoulder AROM (active range of motion) in all ranges of motion within the MD's specified guidelines of 120 degrees of flexion and 20 degrees of ER (external rotation). The patient reports having minimal right shoulder pain during passive flexion with manual depression of the clavicle. The patient also presents with minimal improvement in right shoulder strength. The patient perceives a 61% improvement in right shoulder function based on the FOTO outcomes measure. The patient has completed 12/12 treatment sessions on the current authorization to date. The patient has met 1/7 goals set forth. The patient was absent from physical therapy for approximately three weeks and would not return calls from PT until 4/7/14. The patient returned for treatment on 4/8/14 and 4/9/14. The patient has made minimal progress towards his goals due to inconsistencies in treatment. The patient would benefit from additional treatment if consistent with treatment attendance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient postoperative physical therapy (PT) two (2) times a week for six (6) weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Guidelines, web-based edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: At this point the patient is out of the post operative 6 month period for his shoulder surgery. The Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for his condition. The documentation indicates that he has had 12 visits so far post operatively. The documentation indicates that the patient has made minimal gains due to inconsistencies in treatment and that there was a 3 week period where the patient did not receive therapy. Although the patient may benefit from additional consistent physical therapy the request for 12 sessions of therapy exceeds the Chronic Pain Medical Treatment guidelines recommendations for this condition. Therefore outpatient postoperative physical therapy (PT) two (2) times a week for six (6) weeks is not medically necessary as written.