

Case Number:	CM14-0194270		
Date Assigned:	12/02/2014	Date of Injury:	02/20/2012
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgery 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 33 year old male continues to complain of pain stemming from an industrial injury related to his customary job tasks and "pop" to the right shoulder that was reported on 2/20/2012. Diagnoses include right shoulder pain; cervical radicular symptoms; right muscle spasm; and status-post (s/p) right shoulder arthroscopy x 2. Treatments have included consultations, diagnostic laboratories and imaging studies, physical therapy (PT), 2 right shoulder surgeries, and medication management. The work status of the injured worker (IW) is noted to be . The 3/29/2014 orthopedic evaluation progress notes show a recommendation for arthroscopic surgical intervention to the right shoulder for possible biceps tenodesis and hardware loosening. A brief surgeons progress report, dated 5/7/2014, notes re-evaluating this IW for further right shoulder arthroscopic surgery evaluation to determine of the cause of his right shoulder pain. Post-operative medications and PT were stated to be required with the frequency and duration of PT to be determined by the exact procedure performed. The expected duration of PT was stated to be 4 to 16 weeks. A brief surgical progress note, dated 7/16/2014, states the IW to be 8 weeks post his right shoulder decompression and debridement surgery; and doing well. Objective findings noted near full range of motion; and the treatment plan included PT, 2 x a week for 6 weeks. The recovery period was stated to be 6 months and the primary treating physician was to manage the IW work status. The primary physician progress notes, dated 7/29/2014, note the IW to be s/p right shoulder arthroscopy with decompression and debridement. Subjective complaints were for persistent, slight shoulder area pain, down to the hand; possibly cervical radicular symptoms. Objective findings noted full range of motion, slight decrease in strength to the hand, no motor or sensory deficits, normal back and the ability to perform light work duty. Medications included Motrin and Norco. The treatment plan included additional PT 2 x a week for 3 weeks and a nerve conduction study to the right upper extremity. The IW was returned to a

modified work status with restrictions. The progress notes, dated 8/27/2014 and 3 months post-op, note the IW to be doing very well. Objective findings noted some discomfort on extreme of motion and full strength. The treatment plan included continuation of PT, 2 x 6, and for the IW to continue working light duty. The progress notes, dated 10/15/2014 and 7 months post-op, noted a complaint of post-operative right shoulder discomfort and a continued pinching sensation when the arm is extended completely. It was noted that, as of 10/14/2014, the IW had completed the authorized number of PT sessions and had requested additional physical therapy for strengthening and conditioning to improve his strength. Objective findings noted tenderness at the tendon and full strength. Diagnoses were: right shoulder pain; cervical radicular symptoms; and right muscle spasm. The treatment plan included a request for an additional 2 x 6 PT sessions per the IW request, and for the IW to continue on modified work duty. On 11/6/2014, Utilization Review non-certified, for medical necessity, a request for an additional 2 x 6 Physical therapy sessions, directed to the right shoulder, post-operatively. It was determined that this IW had already received 28+ PT sessions and that this exceeded the number of recommended PT sessions as recommended by the MTUS guidelines for PT. Stated was that medical necessity for additional PT, over a home exercise program, was not demonstrated in the documentation; that no objective evidence was provided to support medical necessity for these additional PT sessions beyond the number recommended by the MTUS for strengthening, as opposed to the recommended self-directed home exercise program for continued strengthening and conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 x 6 to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks *Postsurgical physical medicine treatment period: 6 months In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence from the exam note on 10/15/14 of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.