

Case Number:	CM14-0093871		
Date Assigned:	07/25/2014	Date of Injury:	10/11/2009
Decision Date:	02/12/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine, has a subspecialty in Toxicology and Public Health and is licensed to practice in West Virginia. 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 64 year old male sustained an injury on October 11, 2009. The injured worker was carrying a heavy wooded truss that is used in construction when he injured his right shoulder. Past treatment included oral and topical pain medications, surgery, home stretching and strengthening exercises with bands and pulley system, H-Wave machine. The records refer to a prior course of postsurgical physical therapy, but do not provide specific dates of service or results. On March 19, 2014, an MRI of the right shoulder revealed status post subacromial decompression acromioplasty and rotator cuff repair, mild infraspinatus tendinopathy, and no distinct partial or full-thickness tear. On April 4, 2014, the orthopedic physician noted intermittent shoulder pain. The physical exam revealed well-healed arthroscopy portals of the right shoulder, and mildly decreased range of motion of the shoulders, unchanged from the previous exam. The orthopedic physician's impression was chronic right shoulder pain and impingement syndrome. The physician recommended the injured worker remain diligent with his exercise and rehab program, particularly working on internal rotation. On May 28, 2014, the treating physician noted intermittent right shoulder pain with some weakness. The pain was a scraping, grinding, and crackling type. The injured worker reported some left shoulder pain with exercising, and he continued to use the H-Wave, resistance bands, and stretching. The physical exam revealed right shoulder pain and decreased range of motion with internal rotation and abduction, intact sensation, no tenderness to palpation, normal strength and reflexes of the upper extremities, and some crepitus in the right shoulder with movement. Cervical range of motion was good with no paraspinal tenderness. Diagnoses were right shoulder pain status post right rotator cuff repair 2010 with possible recurrent tear, right impingement syndrome, right shoulder tendinosis, mild to moderate osteoarthritis of the right acromioclavicular joint, cervical spondylosis, improved

cervical discogenic pain, and myofascial pain. The physician recommended continuing to request a gym membership with a pool facility for one year, and physical therapy for the shoulder for stretching and strengthening and a home exercise program. Current medications included an over-the-counter topical pain medication. The injured worker was not working currently. On June 13, 2014, Utilization Review non-certified a prescription for 12 visits of physical therapy for the right shoulder requested on June 6, 2013. The physical therapy was non-certified based on the injured worker had completed 30 sessions of postsurgical physical therapy, which exceeded the postsurgical guidelines. The guidelines indicate that patients instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation included evidence of the injured worker having learned an exercise program that included use of bands and pulleys that could be used at home. In addition, the injured worker had been using a TENS (transcutaneous electrical nerve stimulation) unit and H-Wave system on a regular basis at home. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Physical Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. This individual has completed at least 30 sessions of physical therapy on the injured shoulder since surgery on February 14, 2011. ODG recommends 24 visits total after a rotator cuff repair, so the previous visits were in excess of the recommendations. However, exact dates of therapy and response levels were not recorded in the records. It is noted in the medical records that he had received instruction on home therapy, including stretching and strengthening. He has an H-wave system and regularly uses a TENS unit. The case was not made to warrant ordering additional physical therapy for this chronic shoulder problem. Therefore, 12 physical therapy sessions for the right shoulder are not medically necessary.

