

Case Number:	CM15-0008218		
Date Assigned:	01/23/2015	Date of Injury:	07/18/2013
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 50-year-old male, with a reported date of injury of 07/18/2013. The diagnoses include shoulder pain, disorders of the bursae and tendons in the shoulder region, adhesive capsulitis of the shoulder, complete rupture of the rotator cuff, and superior glenoid labrum lesion. Treatments have included a cortisone injection to the left shoulder, oral pain medications, right shoulder arthroscopy on 10/23/1974, and an MRI of the left shoulder on 09/24/2014, which showed diffuse rotator cuff tendinosis with a small to moderate transmural tear at the distal supraspinatus tendon insertion, high-grade partial articular surface and interstitial disruption of the infraspinatus tendon with evidence of grade 1 infraspinatus myotendinous strain, high-grade partial articular surface disruption and fraying of the subscapularis tendon, superior and anterior labral disruption with degeneration of the superior posterior and anterior inferior labrum, and type III acromion with morphology resulting in narrowing of the osseous outlet. The progress report dated 12/17/2014 indicates that the injured worker complained of severe pain in his left shoulder. He reported no improvement of the pain following the cortisone injection. The injured worker reported that he had some improvement of pain in his right shoulder following surgery, but still feels weak. The physical examination of the left shoulder showed limited range of motion, guarded range of motion, and tenderness over the biceps tendon. The treating physician recommended physical therapy for the left shoulder two times a week for six weeks, since the previous cortisone injection into the shoulder failed. On 12/29/2014, Utilization Review (UR) denied the request for twelve (12) physical therapy

visits for the right shoulder, noting that the request exceeds the guideline recommendations. The MTUS Postsurgical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with severe unrated pain in the left shoulder, exacerbated by overhead reaching and continuing weakness in the right shoulder following recent surgery. The patient's date of injury is 07/08/13. Patient is status post undated cortisone injection to the left shoulder, status post right shoulder arthroscopy on 10/23/14 including debridement of partial thickness rotator cuff tear, partial synovectomy, and subacromial bursectomy. The request is for TWELVE (12) PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER. The RFA is dated 11/13/14. Physical examination dated 12/17/14 revealed tenderness over the left biceps tendon, reduced range of motion in the left shoulder, especially on flexion and abduction. Examination of the right shoulder documents otherwise normal ranges of motion. The patient is currently prescribed Mirtazapine and Naproxen. Diagnostic imaging included MRI of the right shoulder dated 09/23/14 "Mild articular and bursal surface fraying of the supraspinatus and infraspinatus tendons with evidence of small partial interstitial tear. Attenuation and poor visualization of the long head biceps tendon suspicious for chronic partial tear and scarring." Patient is temporarily disabled until June 2015. Regarding physical therapy for chronic pain, MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." ODG Shoulder Chapter, under Physical therapy states: "Recommended. Positive -limited evidence-. See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. ODG Physical Therapy Guidelines: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Post-surgical treatment RC repair/acromioplasty: 24 visits over 14 weeks. In regards to the request for 12 additional physical therapy sessions for this patient's post-operative weakness and pain, the treater has requested an excessive number of sessions. ODG guidelines indicate that 24 sessions of post-operative physical therapy are appropriate for this complaint, progress notes and PT notes provided indicate that this patient has already had 30. Physical therapy visit #30, dated 12/29/14 states: "Pt still reports having continued moderate to severe debilitating pain in both shoulders." Despite 30 sessions of supervised physical therapy there appears to be inadequate improvement in this patient's function and pain to support additional sessions. Furthermore, no rationale is provided as to why this patient is unable to transition to a home-based physical therapy routine

and there are no reports of re-injury or flare ups which would warrant additional sessions. Therefore, this request IS NOT medically necessary.