

Case Number:	CM15-0145851		
Date Assigned:	08/06/2015	Date of Injury:	08/19/2013
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old man sustained an industrial injury on 8-19-2013 while pulling a ladder off his truck. Evaluations include cervical spine MRI dated 10-2013, thoracic spine x-rays dated 8-21-2013, right shoulder x-rays dated 12-9-2013, undated CT myelogram, right shoulder MRI dated 10-2-2014, and left shoulder x-rays dated 2-23-2015. Diagnoses include cervical disc herniation with radiculopathy, status post cervical spine surgery, right shoulder impingement with surgical repair. Treatment has included oral medications, physical therapy, surgical intervention, right shoulder injections, and chiropractic care. Physician notes dated 4-13-2015 show complaints of intention tremors in the bilateral hands, bilateral shoulder pain, intermittent paresthesias in the bilateral hands, and right bicep pain. Future medical care should include physician evaluations, NSAIDs, cervical spine epidural injections, bilateral shoulder injections, physical therapy, and surgical intervention to the cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, additional post-operative, 6 sessions, for Right Shoulder, 1-2 wkly over 4 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in August 2013 and underwent right shoulder arthroscopic surgery in February 2015 with a rotator cuff decompression and labral debridement. Case notes reference completion of 36 post-operative physical therapy treatments. The claimant was determined to be at permanent and stationary status as of 04/13/15. When seen, work restrictions were continued. At a subsequent evaluation, there was right scapular winging. There was significantly decreased shoulder range of motion consistent with adhesive capsulitis. Guidelines recommend up to 16 therapy treatment sessions over 8 weeks for the nonsurgical treatment of adhesive capsulitis and up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months following the shoulder surgery that was performed. In this case, the claimant has already had a course of physical therapy in excess of either or both combined recommendations and does not appear to be improving. Alternative management such as manipulation under anesthesia might be considered. Continuation of therapy treatments that are ineffective is not appropriate. The requested additional physical therapy was not medically necessary.