

Case Number:	CM15-0160353		
Date Assigned:	08/26/2015	Date of Injury:	04/25/2013
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: Pennsylvania, Ohio, 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 37 year old male, who sustained an industrial injury on 4-25-13 Initial complaint was of his right shoulder. The injured worker was diagnosed as having right persistent shoulder pain; right mildly acromioclavicular (AC) joint status post Mumford procedure; right scapular winging; right long thoracic nerve palsy. Treatment to date has included right shoulder cortisone injections; status post right arthroscopic shoulder surgery (5-5-14); physical therapy; medications. Diagnostics studies included EMG-NCV study upper extremities (6-9-15); MR Arthropathy right shoulder (6-18-15). Currently, the PR-2 notes dated 7-15-15 indicated the injured worker complains of right shoulder pain. He has had a right shoulder arthroscopy where the surgeon cleaned out the arthritis and was treated postoperatively with physical therapy. His pain continues. An EMG-NCV study of the right upper extremity impression reveals 1) The electrodiagnostic study reveals evidence of moderate to severe right long thoracic nerve injury with acute denervation in right serratus anterior muscle. 2) The electrodiagnostic study reveals evidence of moderate right carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components without denervation. 3) The electrodiagnostic study reveals evidence of a mild right cubital tunnel syndrome (ulnar nerve entrapment at elbow) without denervation. 4) There is no electrodiagnostic evidence of any cervical radiculopathy in the right upper limb. A MR Arthrogram of the right shoulder dated 6-18-15 reveals 1) mild to moderate rotator cuff tendinosis without a high-grad partial thickness tear or tendon retraction. 2) Evidence of a SLAP lesion. 3) Effects of AC joint decompression without evidence of deltoid dehiscence. The provider's physical examination is documented and he notes as a conclusion that the injured

workers AC joint is painful; it does not appear to be the primary source of his pain. His inflammatory panel is negative and he feels the major problem is the long thoracic nerve palsy. The provider is requesting authorization of 18 sessions of Physical Therapy, 3 per week for 6 weeks for the Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Physical Therapy, 3 per week for 6 weeks for the Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: This patient has persistent loss of right shoulder function status post a right shoulder arthroscopy with Mumford procedure. An initial physician review noted that an exception to the treatment guidelines was not supported given the absence of exceptional factors or surgical complications. However, the records document scapular winging with EMG evidence of a long thoracic nerve palsy. The records thus document multiple indications for physical therapy and multiple goals for additional therapy, consistent with the MTUS post-surgical treatment guidelines. Therefore this request is medically necessary.