

Case Number:	CM15-0199580		
Date Assigned:	10/14/2015	Date of Injury:	01/10/2011
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/10/2015

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: Maryland

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

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 60 year old male with a date of injury on 01-10-2011. The injured worker is undergoing treatment for long head biceps tendon intraarticular tear and degeneration, right shoulder impingement, right shoulder acromioclavicular arthropathy, and possible rotator cuff tear right shoulder, status post-op right shoulder arthroscopy, biceps tenotomy, subacromial decompression, supraspinatus repair, and open biceps tenodesis on 06-30-2015. A physician progress noted dated 07-13-2015 notes the injured worker's pain persists despite increasing pain medications. Of note, the injured worker was taking chronic opioid narcotics prior to surgery, which is likely making post-operative surgical maintenance of pain more difficult. He will be referred to pain management, and physical therapy. A physician progress note dated 09-02-2015 documents the injured worker reports improvement in his symptoms compared to his pre-surgical status but still complains of pain in his right shoulder. He was given Dilaudid previously but states that it does not significantly improve his pain. He states Percocet helps his pain the best. Incisions are healed. Active forward flexion is 95-180 degrees, external rotation is 80-90 degrees, internal rotation to L1-T7; passive range of motion is 150-180 degrees of forward elevation, 80-90 degrees external rotation, internal rotation of 60-90 degrees with arm elevated to 90 degrees. Percocet was prescribed and he should only take it as needed. He has improved slower than expected. He is not working. The most recent physical therapy visit dated 08-19-2015, 9th physical therapy session, documents he has continued pain in his right shoulder. He is making improvement in his motion and flexibility of the right shoulder. There is gradual progression of passive and active ROM with each physical therapy session. He has started to lift

light weights without difficulty, but is challenged with reaching above his shoulder level and behind his back due to his deficits in right shoulder and scapular strength. Since his first post-op physical therapy visit dated 07-17-2015 active ROM flexion has increased from 90 to 100 degrees flexion, passive range of motion flexion increased from 90 degrees to 130 degrees and abduction has increased from 90 degrees to 120 degrees. Treatment to date has included diagnostic studies, medications, physical therapy visits, status post-op right shoulder arthroscopy, biceps tenotomy, subacromial decompression, supraspinatus repair, and open biceps tenodesis on 06-30-2015. Current medications include Percocet, Gabapentin, and Dilaudid. On 09-10-2015 Utilization Review non-certified the request for Physical therapy 2 times a week for 6 weeks for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for right shoulder: Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 6 weeks for right shoulder is not medically necessary per the MTUS Post Surgical Guidelines. The MTUS states that for PT postsurgical treatment (RC repair/acromioplasty) the MTUS recommends up to 24 visits over 14 weeks in a 6-month postsurgical physical medicine treatment period. The documentation does reveal that the patient is making slow progress and has some objective increase in flexion and abduction of the right shoulder. The patient continues to have deficits in scapular and right shoulder strength. The August 19, 2015 document indicates that the patient has had 9 post op right shoulder PT visits. The documentation states that he did not start post op therapy until July 2015. The documentation is not clear on exactly how many right shoulder postoperative PT visits were certified. The patient has deficits and may benefit from further PT but without clarification of the exact number of right shoulder post op visits, this request is not medically necessary.