

Case Number:	CM15-0202018		
Date Assigned:	10/16/2015	Date of Injury:	09/13/2011
Decision Date:	11/25/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 9-13-2011. The injured worker was diagnosed as having postoperative right shoulder repair, left shoulder compensatory strain, cervical spine myoligamentous injury-rule out herniated nucleus pulposus, secondary sleep deprivation, secondary stress, and left elbow compensatory strain. Treatment to date has included diagnostics, arthroscopic left shoulder surgery 4-27-2015, unspecified post-operative physical therapy, and medications. Currently, the injured worker complains of chronic cervical spine pain with rotation, popping and clicking of the neck with episodes of dizziness, persistent bilateral shoulder pain with range of motion, weakness of the left upper extremity and pain radiating from the elbow to the triceps, and increased left medial elbow pain and swelling during physical therapy. The treating physician documented that electromyogram and nerve conduction studies of the upper extremities were negative for peripheral neuropathy and radiculopathy. It was documented that she was experiencing compensatory left elbow pain during her strengthening exercises for her left shoulder during physical therapy. Exam of the cervical spine noted decreased range of motion and positive spasm of the bilateral paravertebrals and trapezius. Bilateral cervical distraction, maximal foraminal compression and shoulder depression were positive. Sensation was within normal limits and deep tendon reflexes were 2+. Motor strength was 4 of 5 in the right shoulder and 4 of 5 in the left on abduction, 4+ in flexion, and internal-external rotation, 5 of 5 otherwise. Tenderness was noted to the right subacromial space, bicipital groove and soft tissues. Orthopedic testing (Apley's, supraspinatus, impingement) was positive in the right shoulder. Work status was total temporary disability. The number of

completed physical therapy sessions to date was not clear. Function with activities of daily living was not specified. Per the Request for Authorization dated 9-30-2015, the treatment plan included 6 post-operative physical therapy sessions for the left shoulder and 6 physical therapy sessions for the left elbow, non-certified by Utilization Review on 10-09-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Post-op physical therapy sessions left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (acute & Chronic), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six postoperative physical therapy sessions to the left shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are postoperative right shoulder repair; left shoulder compensatory strain; cervical spine myoligamentous injury; secondary sleep deprivation; secondary stress; left elbow compensatory strain. Date of injury is September 13, 2011. Request for authorization is September 30, 2015. According to a physical therapy progress note dated July 13, 2015, the injured worker was treated for the cervical spine and thoracic region. There is no shoulder physical therapy sessions documented. The last physical therapy visit was dated June 26, 2015. The treating provider is requesting an additional six postoperative physical therapy sessions to the left shoulder. According to the documentation dated July 30, 2015, the injured worker has ongoing pain in the neck and bilateral shoulders. The injured worker complaints of the weakness of the left upper extremity pain as well as pain that radiates from the left elbow to the triceps. Documentation indicates that during the postoperative physical therapy for the left shoulder the injured worker was experiencing increased medial left elbow pain as well as swelling. The treating provider is requesting additional physical therapy secondary to continued weakness, pain and decreased range of motion. There are no prior physical therapy session progress notes related to the bilateral shoulders. The total number of physical therapy sessions to bilateral shoulders (or left shoulder) is not documented. There is no documentation demonstrating objective functional improvement. There is no documentation of physical therapy to the affected left elbow. The diagnoses indicate a right shoulder postoperative repair with a left shoulder compensatory strain. The documentation indicates a left shoulder postoperative repair. The documentation is unclear. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical

therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, six postoperative physical therapy sessions to the left shoulder is not medically necessary.

6 Physical Therapy sessions for the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) (2015): Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six physical therapy sessions to the left elbow is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are postoperative right shoulder repair; left shoulder compensatory strain; cervical spine myoligamentous injury; secondary sleep deprivation; secondary stress; left elbow compensatory strain. Date of injury is September 13, 2011. Request for authorization is September 30, 2015. According to a physical therapy progress note dated July 13, 2015, the injured worker was treated for the cervical spine and thoracic region. There is no shoulder physical therapy sessions documented. The last physical therapy visit was dated June 26, 2015. The treating provider is requesting an additional six postoperative physical therapy sessions to the left shoulder. According to the documentation dated July 30, 2015, the injured worker has ongoing pain in the neck and bilateral shoulders. The injured worker complaints of the weakness of the left upper extremity pain as well as pain that radiates from the left elbow to the triceps. Documentation indicates that during the postoperative physical therapy for the left shoulder the injured worker was experiencing increased medial left elbow pain as well as swelling. The treating provider is requesting additional physical therapy secondary to continued weakness, pain and decreased range of motion. There is no prior physical therapy session progress notes related to the bilateral shoulders or elbows. The total number of physical therapy sessions to bilateral shoulders (or left shoulder) or elbows is not documented. There is no documentation demonstrating objective functional improvement. There is no documentation of physical therapy to the affected left elbow. The diagnoses indicate a right shoulder postoperative repair with a left shoulder compensatory strain. The documentation indicates a left shoulder postoperative repair. The documentation is unclear. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to the left elbow and no documentation demonstrating objective functional improvement, six physical therapy sessions to the left elbow are not medically necessary.