

Case Number:	CM15-0207141		
Date Assigned:	10/23/2015	Date of Injury:	01/31/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 1-31-14. He reported left shoulder pain. The injured worker was diagnosed as having status post left shoulder arthroplasty with post-operative residuals including limited range of motion and weakness with associated periscapular myofascial strain. Treatment to date has included left shoulder total arthroplasty on 12-30-14, 36 physical therapy sessions, and use of a Dynasplint for the left shoulder. Physical examination findings on 8-31-15 included atrophy of the posterior shoulder girdle musculature and tenderness to palpation over the anterior surgical site. Tenderness to palpation was also present over the suprascapular region, periscapular region involving the upper trapezius and levator scapular musculature with hypertonicity. Tenderness to palpation over the acromioclavicular joint with tender myofascial trigger points in the upper trapezius musculature. Impingement test was painful. Grade 4 of 5 weaknesses upon manual muscle testing in flexion, abduction, extension, and external rotation was noted. On 8-31-15, the injured worker complained of left shoulder pain. On 8-31-15 the treating physician requested authorization for AP radiographs of the left shoulder and 8 additional post-operative rehabilitative therapy visits for the left shoulder. On 10-6-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AP radiographs of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

Decision rationale: Physical examination findings on 8-31-15 included atrophy of the posterior shoulder girdle musculature and tenderness to palpation over the anterior surgical site. Tenderness to palpation was also present over the suprascapular region, periscapular region involving the upper trapezius and levator scapular musculature with hypertonicity. Tenderness to palpation over the acromioclavicular joint with tender myofascial trigger points in the upper trapezius musculature. Impingement test was painful. MTUS supports use of x-ray when there is persistent pain despite conservative treatment after 4 weeks. As such, 1 radiograph is medically necessary and supported.

8 Additional post-operative rehabilitative therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: Physical examination findings on 8-31-15 included atrophy of the posterior shoulder girdle musculature and tenderness to palpation over the anterior surgical site. Tenderness to palpation was also present over the suprascapular region, periscapular region involving the upper trapezius and levator scapular musculature with hypertonicity. Tenderness to palpation over the acromioclavicular joint with tender myofascial trigger points in the upper trapezius musculature. However, there is no documentation of specific functional goals of further PT or indication of specific functional outcome from PT to date. MTUS supports PT with identified goals based on documented functional deficits. As such the medical records do not support additional PT at this time. The request is not medically necessary.