

Case Number:	CM14-0119363		
Date Assigned:	08/06/2014	Date of Injury:	06/14/2011
Decision Date:	10/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 59-year-old female with a 6/14/2011 date of injury. The mechanism of injury was due to pushing, pulling, and straining. She was diagnosed with rotator cuff tear on MRI and was initially managed with 6 physical therapy visits. She then underwent an arthroscopic rotator cuff repair on 2/23/2012, followed by 13 post-surgical physical therapy sessions. The injured worker later presented with mild to moderate dull aching pain in the right shoulder, and the physical exam was pertinent for right shoulder range of motion to 170 degrees elevation passively and 120 degrees elevation actively, interior rotation to the posterior superior iliac spine, and external rotation of 45 degrees. An MRI on 5/15/2013 of the right shoulder revealed a right re-tears supraspinatus 10mm long with muscle atrophy. The injured worker was managed with anti-inflammatory agents, a home exercise program, and physical therapy with limited improvement. Therefore, on 10/15/2013, the injured worker underwent an arthroscopic complex rotator cuff repair of right shoulder, subacromial decompression, distal clavicle excision, and biceps tenodesis. The injured worker finished her additional 12 physical therapy visits on 3/3/2014 and was noted to have 2/10 pain with active elevation of right upper extremity and increased strength (unspecified). Documents note that the injured worker has improved with physical therapy, is no longer on narcotic pain medication, and can perform more ADLs. However, she still experiences pain with abduction from 160-180 degrees, which has limited her in further gains in range of motion. The injured worker's most recent clinic visit was on 4/9/2014, during which time the injured worker complained of persistent mild to moderate aching right shoulder pain, exacerbated by movement. The injured worker was examined by another physician on 5/28/2014 and was noted to have 0 to 4-5 pain out of 10, with occasional exacerbations to a 6/10. Forward flexion of the right shoulder was 90 degrees, abduction to 90 degrees, internal rotation to 70 degrees, and external rotation to 90 degrees. Supraspinatus strength testing was 5/5. The

impingement test was positive, and the shoulder subluxation apprehension tests were negative. Neurological examination of the upper extremities showed grip strength loss on the right side. The injured worker's diagnoses include wrist sprain, disorders of bursae and tendons in the shoulder region, rotator cuff syndrome of shoulder and allied disorders, recurrent rotator cuff tear right shoulder, subacromial impingement syndrome, acromioclavicular joint pain and biceps tendonitis. Treatment to date: Pre-operative physical therapy (6x), arthroscopic rotator cuff repair (2/23/2012), 13 post-surgical physical therapy visits, H-wave device, shoulder injection/medications, right rotator cuff repair, subacromial decompression, and biceps tenodesis (10/15/2013), additional 12 post-surgical physical therapy visits, HEPAn adverse determination was received on 7/21/2014 due to insufficient clinical information, i.e. recent physical therapy reports, total number of physical therapy visits attended, and evidence of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The physical therapy notes lacked sufficient information in regards to significant functional gains and improvement in strength. The injured worker is currently doing a home exercise program; hence it is unclear what additional physical therapy will accomplish at this point. Based on the insufficient documentation and the injured worker's history of a re-tear of the supraspinatus, it is unclear if the injured worker would further benefit from additional physical therapy sessions. Therefore, the request for 6 physical therapy visits is not medically necessary.