

Case Number:	CM14-0144286		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2014
Decision Date:	10/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The injured worker is a 54-year-old right-hand dominant male with a date of injury on February 10, 2014. His mechanism of injury was a fall accident. Per initial records, the injured worker complained of right shoulder pain rated at 7/10. He was using his right hand to push himself out of a hole but the support underneath his right hand gave way when he heard a pop and felt severe pain. Right shoulder examination noted full range of motion but 4/5 strength with positive Speed's test. There was mild anterior and posterior joint tenderness. X-ray was performed which showed mild acromioclavicular degenerative change and irregularity at the insertion of the rotator cuff. Records dated February 11, 2014 indicate that he had a magnetic resonance imaging scan of the right shoulder without contrast. Findings revealed: (a) high-grade partial tear of the infraspinatus tendon versus essentially through-and-through but non-retracted tear. Prominent heterogeneous intrasubstance increased signal intensity and surface irregularity may reflect underlying tendinosis. Milder changes in the supraspinatus tendon without evidence for a through-and-through or retracted rotator cuff tear. There may be partial intrasubstance tear as well. Intact subscapularis tendon. There is small amount of fluid tracking along the infraspinatus myotendinitis unit as well, often to secondary to tears. (b) No bone marrow edema or contusions, Hill-Sachs or osseous Bankart lesion. Type I acromion with moderate AC joint arthrosis. (c) No definite discrete labral tear or detachment. (d) Small joint effusion and small amount of fluid in the subacromial-subdeltoid bursa. On April 2, 2014, he underwent a single shot peripheral nerve block and right shoulder surgery diagnostic arthroscopy with debridement, biceps tendon long head release, and open chronic rotator cuff repair with acromioplasty with Mumford procedure. On April 24, 2014, the injured worker went to a hospital where he complained of development of pain near the right shoulder blade and right side of his chest. He had some shortness of breath with deep inspiration. It was deemed that he developed acute

pulmonary embolism and pleurisy. Most recent evaluation dated August 7, 2014, the injured worker reported that his right shoulder pain has improved but range of motion and strength were still a problem. On examination, active flexion of the right shoulder was 0 to 140 degrees with 3/5 strength and active abduction was 0 to 90 degrees with 3/5 abduction strength. He is diagnosed with (a) shoulder osteoarthritis, (b) pain in shoulder, (c) adhesive capsulitis, (d) shoulder impingement, (e) complete rotator cuff tear, and (f) superior labral tear from anterior to posterior lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Although the Chronic Pain Medical Treatment Guidelines indicates that 40 post-operative physical therapy sessions are warranted, the requested quantity twice a week for six weeks already exceeds guideline maximum recommendation of 40 postoperative visits. In addition, the records received indicate that the injured worker's condition secondary to physical therapy sessions have reached a plateau due to the fact that records consistently indicate the same findings since his prior 30 visits were authorized but there were no further indications of progressive functional improvements. In addition, there is no indication of exacerbations that may warrant additional physical therapy sessions. Therefore, the medical necessity of the requested additional physical therapy sessions twice a week for six weeks is not established.