

Case Number:	CM14-0148191		
Date Assigned:	09/18/2014	Date of Injury:	04/06/2011
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Management 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:

The injured worker is a 43 year old male with a date of injury on 4/6/2011. As per the report of 07/29/14, he re-injured both his shoulders on 07/15/14 and complained of bilateral shoulder pain and decreased strength. On 07/29/14 he was told that the surgery was denied by insurance. He was supposed to have right shoulder surgery and about one year later left shoulder surgery. On 07/31/14, he complained of constant bilateral shoulder pain and soreness, rated at 7/10. Right shoulder exam revealed tenderness on rotator cuff insertion area, which worsened with arm lifted above the shoulder. Left shoulder exam revealed mild tenderness on scapula region. Magnetic resonance imaging scan of right shoulder dated 06/04/14 revealed superior labral tear extending into the anterior superior and posterior superior labrum associated with a 3.2 x 1.9 cm medially extending paralabral cyst and moderate degenerative changes at the acromioclavicular joint. Magnetic resonance imaging scan of the cervical spine dated 06/04/14 revealed mild multilevel cervical spine spondylosis most prominent at C3-4 with bilateral mild neural foraminal narrowing. He underwent an arthroscopic right shoulder surgery in 2011 and left shoulder surgery in 2009. Current medications include Hydrocodone/Acetaminophen, Ibuprofen, and Dronabinol. Diagnoses include chronic right shoulder pain post previous scope with recent magnetic resonance arthrogram reporting superior labral tear from anterior to posterior lesion with paralabral cyst, chronic impingement left shoulder, and chronic cervical sprain/strain. The request for post-operative physical therapy three times a week for four weeks for the right shoulder was denied on 08/26/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3 times a week for 4 weeks, for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines for shoulder impingement syndrome allow 10 physical therapy visits over 8 weeks and shoulder post-arthroscopy, allow 24 physical therapy visits over 14 weeks. Per the Chronic Pain Medical Treatment Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of physical therapy progress notes with any significant improvement in the objective measurements such as pain, range of motion, strength and function to demonstrate the efficacy of this modality. At this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, the request for additional physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.