

Case Number:	CM14-0012327		
Date Assigned:	03/07/2014	Date of Injury:	04/08/2010
Decision Date:	03/23/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 28-year-old female sustained an industrial injury on 4/8/10, pushing a heavy cart. She underwent left shoulder arthroscopy with posterior labral debridement, synovectomy, subacromial decompression, repair of a massive rotator cuff tear, and biceps tenodesis on 7/1/13. A cortisone injection was provided on 10/30/13 without much improvement. The 12/12/13 left shoulder MRI documented intact biceps tenodesis, interval improvement of supraspinatus tendinosis, unchanged infraspinatus tendinosis, resolved subscapularis tendinosis, post-surgical labral changes, and posterior subluxation of the humerus with respect to the glenoid. The 12/16/14 physical therapy progress report indicated that the patient had completed 24 post-operative visits. The patient had limited left shoulder range of motion secondary to pain and lack of strength. The patient was unable to perform any activities involving her left shoulder. The patient lacked an appropriate home exercise program. Left shoulder muscle testing was documented as -3/5 abduction and flexion, 3/5 external rotation, and 4+/5 adduction. Left elbow flexion/extension strength was 4/5. Right upper extremity strength was 5/5. Left shoulder active range of motion testing documented flexion 110 and abduction 95 degrees. Passive range of motion documented flexion and abduction 160 degrees. The Quick DASH score was 79.55. The 1/15/14 treating physician report documented localized pain over the bicipital groove and anterior shoulder. The treatment plan recommended physical therapy to work on postural exercises and strengthening. The treating physician opined that most of her symptoms were related to bicipital irritation due to posture rather than the mild posterior subluxation which is unchanged. A second opinion with another shoulder specialist was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE LEFT SHOULDER BETWEEN 1/20/14 AND 3/21/14: Overturned

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. The MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have been met. There are significant functional deficits remaining in strength and active range of motion. There was slow but steady progress noted over the post-operative course. The Quick DASH score had improved during post-operative therapy but remained high, indicative of severe disability. Specific functional treatment goals have been outlined. The home exercise program lacks full maturation. It is reasonable that additional functional gains may be achieved with supervised therapy. Therefore, this request for 12 physical therapy sessions for the left shoulder is medically necessary.