

Case Number:	CM15-0003775		
Date Assigned:	01/14/2015	Date of Injury:	03/29/2010
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 03/29/2010. He has reported left shoulder pain. The diagnoses have included failed/recurrent rotator cuff tear left shoulder with weakness. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Ibuprofen. Surgical intervention has included arthroscopic rotator cuff repair and biceps tenodesis, performed on 08/16/2010. Diagnostic studies have included an MRI of the left shoulder, dated 10/18/2014, which revealed a large full-thickness tear involving the supraspinatus and infraspinatus tendons; tearing of the upper half of the subscapularis tendon; previous rotator cuff repair; moderate tendinosis; medial subluxation of the biceps tendon; and superior migration of the humerus relative to the glenoid. A progress note from the treating physician, dated 12/01/2014, documents a follow-up evaluation with the injured worker. The injured worker reported continued symptoms in the left shoulder, rating pain at 3/10 on the visual analog scale; pain is localized to the shoulder without radiation; physical therapy has helped, noting some improvement in strength around the shoulder and reasonably good function in the shoulder; and taking ibuprofen daily. Objective findings included left shoulder range of motion at 170 degrees for flexion, and 90 degrees for glenohumeral abduction; abduction strength is 4+/5, external rotation strength is 3/5, and forward flexion strength in the plane of the scapula is 3/5. The treatment plan included continuing physical therapy 3 times a week for 4 weeks; continue home exercise program and progressive activities as tolerated without restrictions; and follow-up evaluation as scheduled. On 12/05/2014 Utilization Review non-certified 12 Additional Physical Therapy sessions left shoulder, noting the lack of

documentation of response from the last 6 visits. The Official Disability Guidelines: Physical Therapy was cited. On 01/04/2015, the injured worker submitted an application for IMR for review of 12 Additional Physical Therapy sessions left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy sessions left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

Decision rationale: Based on the 12/01/14 progress report provided by treating physician, the patient presents with left shoulder pain rated 3/10. The request is for 12 ADDITIONAL PHYSICAL THERAPY SESSIONS LEFT SHOULDER. The patient is status post arthroscopic rotator cuff repair and biceps tenodesis, 08/16/10. Patient's diagnosis on 12/01/14 included rotator cuff rupture, failed/recurrent rotator cuff tear left shoulder with weakness. The patient may work modified duty with restrictions. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report dated 10/13/14, treater states "the patient has a failure of his previous rotator cuff repair. This is a very large tear, retracted to the level of the glenoid, with muscle atrophy. he already has superior migration of the humerus relative to the glenoid. I think it is very unlikely that further attempts at rotator cuff repair would be successful. At this stage I would therefore recommend a course of physical therapy to maximize strength in the deltoid allowing him to compensate as best as possible. Hopefully this will allow him to get by for the foreseeable future. Ultimately, the patient will develop progressive arthritis in the shoulder joint and will probably end up needing a reverse shoulder arthroplasty. This should be deferred for as long as possible." Given patient's symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy note dated 11/26/14, the patient has completed 6 visits. The treater does not discuss how the patient responded to these sessions. Furthermore, the request for 12 sessions of physical therapy would exceed guideline recommendation. Therefore, the request IS NOT medically necessary.