

Case Number:	CM15-0115172		
Date Assigned:	09/03/2015	Date of Injury:	01/23/2013
Decision Date:	10/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained an industrial injury on 1-23-13. Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder tenosynovitis; lumbar strain. Treatment to date has included physical therapy; right subacromial space injection (2-18-15); status post right shoulder arthroscopy with extensive debridement of rotator cuff and superior labrum; distal clavicle excision; subacromial decompression (6-18-15); urine drug screening; medications. Diagnostics studies included MRI right shoulder (6-11-14). Currently, the PR-2 notes dated 5-4-15 indicated the injured worker complains of right shoulder pain. He returns on this day for re-evaluation of his right shoulder. He continues to have right shoulder discomfort and describes the pain as constant, aching, sharp pain, moderate to severe in intensity rated at 9 out of 10 with rest and 10 out of 10 with activity. His pain is alleviated with medications and is associated with numbness, tingling and weakness in the right arm. He has tenderness to palpation over the greater tuberosity. Active forward flexion is 140 degrees, abduction 120 degrees, internal and external rotation is at 60 degrees. There is pain with Hawkins and Neer's maneuvers. There is weakness in forward flexion and abduction. He has a painful arch with forward flexion and abduction from 70-120 degrees. He has normal sensation. A MRI of the right shoulder dated 6-11-14 reveals: 1) no full thickness tear of the rotator cuff. 2) AC joint arthropathy is seen with inferior tilt to the acromium and narrowing of the rotator cuff outlet. 3) Tenosynovitis of biceps tendon. The provider administered a right subacromial space injection on 2-18-15 that gave complete relief of shoulder pain for three days. He has positive findings on physical examination and MRI scan consistent with a diagnosis of tendinitis and

impingement syndrome of the right shoulder along with adhesive capsulitis. He recommended the injured worker have a right shoulder arthroscopy with subacromial decompression, capsular release, manipulation under anesthesia followed by 24 sessions of postoperative physical therapy. The provider is requesting authorization of Post Op Physical Therapy Right Shoulder 1 time a week for 2 weeks then 2 times a week for 11 weeks (24 visits within 14 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy Right Shoulder 1 time a week for 2 weeks then 2 times a week for 11 weeks (24 visits within 14 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work injury in January 2013 and underwent right shoulder arthroscopic surgery on 06/18/15 with a subacromial decompression and rotator cuff and labral debridement. An MRI of the shoulder prior to surgery was negative for a full thickness rotator cuff tear. Postoperative physical therapy is being requested with 24 treatment sessions over 14 weeks. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be needed to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.