

Case Number:	CM15-0092286		
Date Assigned:	05/18/2015	Date of Injury:	07/26/2013
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 66 year old female who sustained an industrial injury on 07/26/2013 resulting in a right shoulder, right knee, low back, right leg and right foot injuries and pain. The Injured worker was diagnosed with severe glenohumeral degenerative changes, chronic SLAP tear, and near full-thickness tear distal supraspinatus tendon undersurface fibers without full-thickness tear or tendon retraction. Treatment provided to date has included: physical therapy (greater than 40 sessions); medications (topical analgesics and oral medications not listed); acupuncture (6 sessions); and right patellar open reduction internal fixation surgery to the right knee. Diagnostic tests performed include: x-rays of the right shoulder (01/06/2015) which revealed lateral down sloping of the acromion and an inferior humeral head osteophyte with possible slight decreased joint space; and MRI of the right shoulder which was reported to show pre-existing degenerative joint changes. There were no other previous injuries. Other comorbid diagnoses included hypertension and high cholesterol. On 04/15/2015, physician progress report noted continued right shoulder pain, which was noted to be unchanged from the previous exam, and right shoulder stiffness. The pain severity rating and description of the pain was not noted. Additional complaints include altered sleep due to pain, right wrist pain, and residual triggering of the right ring finger. The physical exam revealed restricted range of motion in all fields of the right shoulder, decreased motor strength, tenderness to deep palpation over the anteroposterior glenohumeral joint, and tenderness around the greater tuberosity of the humerus on the right side and the acromioclavicular joint. Current treatment consisted of home therapy and independent exercises. The provider noted diagnoses of torn rotator cuff and subacromial impingement

syndrome, right glenohumeral osteoarthritis, and secondary right shoulder weakness and decreased motion. Due to continued pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes: a right shoulder arthroscopy, debridement, decompression, possible rotator cuff repair and distal clavicle excision as needed; pre-op history and physical to include lab work and EKG; post-op physical therapy; and surgical assistant. The injured worker continued to be working part time with restricted duties. Requested treatments include: 12 sessions of post-operative physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times six weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week from six weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic right shoulder rotator cuff tear and subacromial impingement syndrome; right glenohumeral osteoarthritis; secondary right shoulder weakness and decreased motion. The request for physical therapy is postoperative physical therapy. MRI evaluation showed severe glenohumeral degenerative changes chronic; chronic SLAP tear; near full thickness tear distal supraspinatus undersurface fibers but without full thickness tear or tendon retraction. The utilization review shows the injured worker received an initial 18 physical therapy sessions. The documentation indicates the injured worker might need surgery. The utilization review states surgery was not authorized. If the surgery is not authorized, postoperative physical therapy is not clinically indicated. Consequently, absent clinical documentation with authorization for shoulder surgery, physical therapy two times per week from six weeks to the right shoulder is not medically necessary.