

Case Number:	CM14-0131546		
Date Assigned:	08/20/2014	Date of Injury:	06/30/2010
Decision Date:	11/19/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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: 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:

This is a 59 year old female who sustained a work-related injury on 6-30-10. She underwent arthroscopic debridement, subacromial decompression, bursectomy, and Mumford procedure of the right shoulder on 4-11-14. Documentation on 6-3-14 indicated the injured worker was eight weeks post-operative and attending physical therapy. She had severe pain in the right elbow especially with lifting and torqueing. She had abduction to 145 degrees and internal rotation to 50 degrees. Impingement sign was negative. The right elbow had 2+ swelling and she had tenderness at the lateral epicondyle with restricted range of motion. On 7-15-14, the injured worker remained symptomatic despite having a corticosteroid injection at her previous evaluation. She had right shoulder abduction to 140 degrees and internal rotation to 50 degrees. Impingement sign was negative. She had swelling of the lateral joint line with tenderness of the lateral epicondyle. Her range of motion was 10-120 degrees. Her physical therapy was continued. On 8-5-14, the Utilization Review physician determined twelve additional sessions of post-operative physical therapy for the right shoulder was not medically necessary based on California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Post-Operative Physical Therapy for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/shoulder>; Table 2, Summary of Recommendations, Shoulder Disorder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with right shoulder pain. Her right elbow pain has significantly increased due to continuous trauma and additionally as overcompensation for the need of surgery to her right shoulder. The request is for 12 additional sessions of post-operative physical therapy for the right shoulder. The request for authorization is dated 07/22/14. The patient is status post arthroscopic surgery of the right shoulder, 04/11/15. Orthopedic examination reveals the arthroscopic portals have healed satisfactorily in the right shoulder. Abduction is to 160 degrees. The right elbow has swelling laterally with tenderness of the lateral epicondyle. Range of motion is from 10-120 degrees. The patient will perform a home exercise program and stretching. Per progress report dated 08/26/14, the patient is on modified duty. MTUS post-surgical guidelines, pages 26-27, Shoulder Section recommends: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):-Postsurgical treatment: 24 visits over 14 weeks-Postsurgical physical medicine treatment period: 6 months. Treater does not discuss the request. In this case, the patient is still within the postsurgical treatment period. And patient continues with right shoulder pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. However, per UR letter dated 08/05/15, reviewer states, "It is noted that this injured worker has had 18 postoperative session visits for the right shoulder." The request for 12 additional sessions of Physical Therapy would exceed what is recommended by MTUS for this postsurgical condition. Therefore, the request is not medically necessary.