

Case Number:	CM13-0015586		
Date Assigned:	10/10/2013	Date of Injury:	12/28/2009
Decision Date:	03/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior left shoulder acromioplasty, debridement, and biceps tenodesis surgery with subsequent revision; ulnar nerve transposition surgery; two sessions of acupuncture; shoulder corticosteroid injection in March 2013; and 28 sessions of physical therapy over the life of the claim, per the claims administrator. In an August 22, 2013 progress note, the claims administrator denied a request for 12 sessions of physical therapy, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. An appeal letter of September 11, 2013 is notable for comments that the claimant has had a revision shoulder surgery, has had a delayed recovery, and has persistent issues with stiffness which are delaying his recovery. An earlier progress note of July 31, 2013 is notable for comments that the claimant has not improved with acupuncture. The applicant reportedly has residual pain and weakness. Additional physical therapy is sought while the applicant is given a rather proscriptive limitation of no use of left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for additional physical therapy two times per week for the left shoulder:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG) Treatment, Integrated Treatment/Disability Duration Guidelines: Shoulder (Acute & Chronic).

Decision rationale: Per the claims administrator, the applicant last had physical therapy in late 2012, during the six-month window immediately after shoulder surgery. The applicant is, as of the date of the utilization review report, however, outside of the six-month postsurgical window established in MTUS 9792.24.3 following shoulder surgery. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. While certification of the 12 sessions of treatment does result in treatment slightly in excess of the 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for the diagnosis of myalgias and myositis of various body parts, in this case, the applicant seemingly has fairly profound shoulder weakness and shoulder strength status post revision shoulder surgery. Additional physical therapy on the order of that proposed is therefore indicated, particularly since the independent medical review process does not afford the reviewer with the opportunity to issue partial certifications. Therefore, the request is wholly certified, on independent medical review.