MAXIMUS Federal Services

Case Number:	CM13-0018466		
Date Assigned:	10/11/2013	Date of Injury:	10/04/2012
Decision Date:	01/02/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

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.

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], Inc. employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior right shoulder arthroscopy, subacromial decompression, and rotator cuff repair surgery and distal claviculectomy of March 1, 2013; subsequent manipulation under anesthesia; attorney representation; transfer of care to and from various providers in various specialties; shoulder brace; and extensive periods of time off of work. In a Utilization Review Report of August 7, 2013, the claims administrator denied request for 6 sessions of aquatic therapy and 12 sessions of land based therapy. The two items were apparently requested concurrently. A handwritten note of August 1, 2013, not entirely legible, it is stated that applicant feels worse, is on Norco and several topical compounds for pain relief. Flexion and abduction are limited to the 110 to 120 degree range. Right hand grip strength is also limited. The applicant is asked to obtain electrical muscle stimulation, continue topical compounds, and continue Norco for pain relief while remaining off of work, on total temporary disability. Additional physical therapy is sought. A later note of September 10, 2013 is also notable for comments that the applicant is again off of work, on total temporary disability. Operating diagnoses include adhesive capsulitis, right shoulder rotator cuff tear, posttraumatic mild shoulder arthrosis, anxiety, insomnia, and bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 X 6 weeks (1 X 6 for pool therapy), and (2 X 6 for land therapy) total of 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines, General Approaches: Pain, Suffering, and the Restoration of Function, 2nd Edition, 2004, Foundation Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation General Approaches: Pain, Suffering, and the Restoration of Function, 2nd Edition, 2004, Foundation Chapters.

Decision rationale: As noted in MTUS 9792.24.3.c.4.d, postsurgical treatment shall be discontinued at anytime during the surgical physical medicine period in cases where no functional improvement is demonstrated. In this case, the previous Utilization Review Report was issued on August 7, 2013. This was still within the six month postsurgical period following shoulder surgery for rotator cuff syndrome. The applicant in fact failed to demonstrate any evidence of functional improvement following completion of prior physical therapy. The applicant was off of work as of the date of request and continued to remain off of work as of September 10, 2013. The applicant's failure to return to any form of work and continued usage of analgesic medications, including Norco and numerous topical compounds, taken together, implies a lack of functional improvement as defined in section 9792.20f. As noted on page 22 of the MTUS Chronic Pain Guidelines, aquatic therapy is considered an optional form of exercise therapy in those applicants who are deconditioned, immobile, and/or has some medical consitions which would prevent participation in land-based therapy or land-based home exercises. Therefore, the original utilization review decision is upheld. The request for 18 additional sessions of physical therapy, including six sessions of aquatic therapy and 12 sessions of land-based therapy remain non-certified, on Independent Medical Review. The request for physical therapy 3 X 6 weeks (1 X 6 for pool therapy), and (2 X 6 for land therapy) total of 18 is not medically necessary and appropriate.