

Case Number:	CM13-0039902		
Date Assigned:	12/20/2013	Date of Injury:	10/22/2012
Decision Date:	04/03/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 22, 2012. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, and shoulder subacromial decompression surgery. In a Utilization Review Report of September 27, 2013, the claims administrator denied a request for six additional sessions of outpatient physical therapy. The Postsurgical Treatment Guidelines in section 9792.24.3 were referenced in the rationale, while non-MTUS Third Edition ACOEM Guidelines were cited in the references section of the UR report. In a progress note of August 27, 2013, the applicant is described as five months removed from prior shoulder surgery. The applicant reports 6-7/10 pain. The medical records indicate that the applicant is on tramadol, ketoprofen, and Neurontin; 150 degrees of shoulder flexion and abduction were appreciated. The applicant was given diagnoses of adhesive capsulitis, shoulder bursitis, and tendinitis status post shoulder surgery on March 22, 2013. Medications were renewed. A functional capacity evaluation was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 LAND-BASED PT VISITS FOR THE RIGHT SHOULDER, ONCE A WEEK FOR 6 WEEKS, AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES FOLLOWING ARTHROSCOPIC SHOULDER SURGERY FOR ROTATOR CUFF SYNDROME, ,

Decision rationale: As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.4b, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the applicant has had prior unspecified amounts of physical therapy over the life of the claim. At the five-month mark of the date of surgery, however, the applicant was still out of work, on total temporary disability. A functional capacity evaluation was sought. The applicant was apparently reliant on various oral and topical medications, including extended release tramadol and various compounded agents. All of the above, taken into consideration, imply a lack of functional improvement as defined in MTUS Guidelines despite completion of prior unspecified amounts of physical therapy. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.