

Case Number:	CM13-0048718		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2011
Decision Date:	04/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert 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 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/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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier left shoulder rotator cuff repair of a massive rotator cuff tear with subacromial decompression, claviclectomy, and debridement; and unspecified amounts of postoperative physical over the life of the claim. In a utilization review report of October 29, 2013, the claims administrator denied both a shoulder MRI and additional physical therapy. It was stated in the utilization review decision that the applicant had had 48 sessions of physical therapy with no documented benefit and further noted that the applicant was 73 years of age. The claims administrator, somewhat incongruously, stated in his denial of the shoulder MRI that there had been no "failure of PT" while simultaneously claiming that physical therapy had been failed in his decision to deny additional physical therapy. The applicant's attorney subsequently appealed. It is incidentally noted that the claims administrator cited the postsurgical treatment guidelines in MTUS 9792.24.3, although the applicant was well outside of the six-month postsurgical physical medicine treatment period as of the date of the utilization review report, December 4, 2013. The actual operative report of November 9, 2013 is reviewed. Listed amongst the postoperative diagnoses is "ruptured biceps tendon," implying that the attending provider did definitively identify a ruptured biceps tendon during the first shoulder surgery. In a November 22, 2013 progress note, the attending provider writes that the applicant has persistent shoulder issues. Limited range of motion with flexion and abduction to 110 degrees is appreciated with only 4/5 strength noted. MRI imaging of the left shoulder is sought to rule out a biceps tear while the applicant is asked pursue additional physical therapy. The applicant is placed off of work, on total temporary disability, until the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: As noted previously, the applicant was outside of the postsurgical physical medicine treatment period as of the date of the utilization review report, October 29, 2013, following earlier shoulder surgery on January 9, 2013. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, interval demonstration of functional improvement is a prerequisite at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant had had extensive prior physical therapy and it had failed to demonstrate any lasting benefit or functional improvement through the same. The applicant was described as off of work, on total temporary disability, as of the date additional physical therapy was sought, implying a lack of functional improvement with prior treatment as defined by the parameters established in MTUS 9792.20f. The applicant's shoulder strength and shoulder range of motion had likewise plateaued; it appears, based on the information on file. Additional physical therapy was therefore not indicated, for all the stated reasons. Accordingly, the request is likewise not certified, on independent medical review.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,211.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, MRI imaging can be considered in applicants in whom surgery is being considered for a specific anatomic defect. In this case, however, it is not clearly stated that the applicant is considering or contemplating further shoulder surgery. The documentation on file was, as previously noted, handwritten, sparse, and provided little or no narrative rationale or justification for the study in question. It is further noted that the attending provider appears to have definitively made a diagnosis of biceps tendon tear in his earlier operative report of January 9, 2013. In his most progress note, the attending provider states that he was ordering MRI imaging to search for biceps tendon tear. This is somewhat incongruous with the operative report findings, which definitively established the diagnosis of a proximal bicep tendon tear. Finally, page 211 of the MTUS-adopted ACOEM Guidelines states that proximal biceps tendons can almost always been

managed conservatively as there is typically no accompanying functional disability. For all the stated reasons, then, the request is not certified, on independent medical review