

Case Number:	CM13-0051719		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2011
Decision Date:	03/05/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 left 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; arthroscopic repair of a massive rotator cuff tear on January 9, 2013; 48 sessions of postoperative physical therapy following said shoulder surgery, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review report of November 5, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy and a shoulder MRI. The applicant's attorney subsequently appealed. An earlier progress note of September 4, 2013 is sparse, handwritten, difficult to follow, not entirely legible. The applicant apparently reports persistent shoulder and neck pain with associated spasm and stiffness. Limited range of motion and tenderness is appreciated. The applicant is asked to pursue 12 sessions of physical therapy and remain 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:

12 additional Physical Therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: The applicant is now outside of the six-month postsurgical physical medicine treatment window established in MTUS 9792.24.3. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. As noted on Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be demonstration of functional improvement at various milestones in a treatment program so as to justify continued treatment. In this case, however, there is no such demonstration of functional improvement with prior treatment. The applicant remains off of work, on total temporary disability. The documentation on file is sparse, handwritten, and difficult to follow. The attending provider has not set forth any compelling evidence of functional improvement demonstrated through the 48 prior sessions of physical therapy which is in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Therefore, the request remains non-certified.

MRI of the left shoulder to rule out a bicep tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 9 Table 9-6 do recommend MRI imaging in the preoperative evaluation of rotator cuff tears, in this case, however, there is no clear indication that the applicant would consider a surgical remedy were it offered to him. The documentation on file, as previously noted, is handwritten and difficult to follow. There is no indication that the applicant would act on the result of the shoulder MRI in question and/or would consider a surgical remedy were it offered to him. Therefore, the request is not certified, on Independent Medical Review.