

Case Number:	CM13-0066357		
Date Assigned:	01/03/2014	Date of Injury:	10/08/2012
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 October 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior shoulder arthroscopy on July 10, 2013; and work restrictions. In a utilization review report of December 11, 2013, the claims administrator denied a request for eight sessions of physical therapy, stating that the applicant was not working and had had "39 visits" of physical therapy following her shoulder surgery. The applicant's attorney subsequently appealed. It is incidentally noted that the claims administrator cited non-MTUS ODG Guidelines as opposed to the postsurgical treatment guidelines in section 9792.24.3. In a statement from the applicant's physical therapist dated November 7, 2013, it was stated that the applicant had had 33 sessions of physical therapy up through that point in time and had two authorized visits remaining. A November 5, 2013 progress note is notable for comments that the applicant reports persistent shoulder pain. She is not working. Some residual stiffness was appreciated on exam. She is asked to remain off of work and follow-up with her shoulder surgeon. On November 7, 2013, the applicant was described as using Naprosyn, Soma, and a TENS unit for pain relief. She was described as progressing with physical therapy treatment, but was again placed off of work. On November 5, 2013, the applicant was described as making good process. She had improved range of motion with flexion and abduction in the 130- to 140-degree range. Work restrictions were endorsed, which the applicant employer was apparently unable to accommodate. Also reviewed is a more detailed physical therapy log dated November 21, 2013. The applicant had attended 37 cumulative physical therapy treatments over the life of the claim. However, 12 sessions were performed between December 2012 and January 2013. In other words, 12 sessions were performed well before the shoulder surgery in question, leaving 25 sessions which could be

construed as representing postoperative treatment. On December 2, 2013, the applicant was described as having numerous other orthopedic and neurologic issues, including bilateral carpal tunnel syndrome, neck pain, and contra lateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QTY: 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (Web)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While this does result in extension of treatment slightly beyond the 24-session course of physical therapy treatment recommended in MTUS 9792.24.3 during the six months after an arthroscopic rotator cuff repair surgery, in this case, the applicant does have numerous co morbid issues which are impeding and delaying her recovery and do warrant further treatment slightly beyond the guideline. Specifically, the applicant has contra lateral shoulder pain, neck pain, and bilateral carpal tunnel syndrome. These orthopedic co morbidities are likely impeding and delaying her recovery and diminishing her ability to participate in postoperative physical therapy. It is further noted that applicant has had significant less physical therapy than that suggested by the claims administrator. Specifically, at least 12 of the treatments referenced by the claims administrator were performed preoperatively, in late 2012-January 2013, well before the applicant's surgery. It is further noted that the claims administrator cited non-MTUS ODG Guidelines in its denial as opposed to the postsurgical treatment guidelines in section 9792.24.3. For all the stated reasons, then, additional physical therapy slightly beyond the 24-session course referenced in MTUS 9792.24.3 was indicated and appropriate here. The original utilization review decision is overturned. The request is retrospectively certified, on independent medical review.