

Case Number:	CM13-0069805		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2011
Decision Date:	08/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 shoulder pain reportedly associated with an industrial injury of September 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, right shoulder subacromial decompression surgery on July 23, 2013; and 24 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report dated December 9, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy, citing the postsurgical treatment guidelines in MTUS. In a November 20, 2013 progress note, the applicant presented with persistent complaints of shoulder pain with difficulty lifting, flexion about the shoulder is limited to 150 degrees with abduction to 90 degrees. At that time 12 sessions of physical therapy and electrodiagnostic testing of the upper extremity were sought. It was suggested that the applicant has had postoperative shoulder MRI imaging, which was notable for possible partial thickness rotator cuff tear. In a primary treating provider note of November 12, 2013, the applicant was placed off of work, on total temporary disability for an additional four weeks. It was stated that the applicant had issues with adhesive capsulitis, versus recurrent rotator cuff tear. In a physical therapy note of October 3, 2013, the applicant was still receiving passive modalities, including therapeutic ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right shoulder 3 X week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS Guidelines, in cases in which no functional improvement is demonstrated, postsurgical treatment shall be discontinued at anytime during the postsurgical physical medicine period. In this case, the applicant has, in fact, failed to demonstrate any lasting benefit or functional improvement through the 24 prior sessions of postoperative physical therapy. The applicant remains off work on total temporary disability. The fact the attending provider is entertaining diagnostic possibilities such as recurrent rotator cuff tear versus adhesive capsulitis and was, moreover, pursuing electrodiagnostic testing and repeat shoulder MRI imaging, taken together, further implies that the 24 prior sessions of physical therapy were not altogether successful. The applicant, moreover, had reportedly had prior treatment authorized (24 sessions) consistent with 24 session course recommended in MTUS following a rotator cuff repair surgery, as apparently transpired here. Further treatment beyond MTUS parameters was not indicated, given the lack of functional improvement with the earlier course. Therefore, the request is not medically necessary.