MAXIMUS Federal Services

Case Number:	CM14-0001359		
Date Assigned:	01/22/2014	Date of Injury:	10/11/2012
Decision Date:	03/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior shoulder surgery; manipulation under anesthesia surgery of September 11, 2013; prior manipulation under anesthesia surgery of April 12, 2013; an earlier SLAP debridement, biceps tenotomy, and subacromial decompression surgery on January 23, 2013; and approximately 12-24 sessions of physical therapy. In a Utilization Review Report of December 18, 2013, the claims administrator denied a request for 12 sessions of physical therapy, stating that the applicant still had 12 additional sessions of physical therapy which had not reportedly been completed. The applicant subsequently appealed. Multiple handwritten progress notes interspersed throughout 2013 state that the applicant is off of work, on total temporary disability. A November 7, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability. An office visit of October 17, 2013 is notable for comments that the applicant is off of work. He only has 90 to 110 degrees of right shoulder flexion and abduction and retains 80 to 90 degrees of left shoulder flexion and abduction. An additional 12-session course of treatment is proposed. It is noted that the claims administrator did certify 24 sessions of postoperative physical therapy at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral shoulders 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As of the date of the Utilization Report of December 18, 2013, the applicant was still within the 6-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following surgery for adhesive capsulitis/arthrofibrosis, as apparently took place here. In this case, however, the claims administrator had already certified 24 sessions of treatment. There was no evidence that the applicant had completed all 24 sessions of previously approved treatment at or around the time of the most recent request for 12 additional sessions of physical therapy. Again, there is no evidence that the applicant completed all of the 24 prior sessions of treatment. The applicant's response to previous treatment was not clearly detailed or clearly described. The presence of functional improvement following completion of the previously approved 24 sessions of physical therapy was not definitively established. The limited information on file suggests that the applicant was off of work, on total temporary disability, despite having completed prior unspecified amounts of physical therapy following the most recent manipulation under anesthesia surgery of September 11, 2013. For all of the stated reasons, then, the request for additional postoperative physical therapy is not indicated and not certified.