

Case Number:	CM14-0019128		
Date Assigned:	04/23/2014	Date of Injury:	06/22/2001
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 June 22, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; earlier elbow surgery in 2001; earlier shoulder surgery in 2003; platelet-rich plasma injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 30, 2014, the claims administrator apparently denied a request for 12 sessions of postoperative physical therapy, which were sought in conjunction with a request for left shoulder arthroscopy and postoperative sling. Since the claims administrator denied the surgical intervention in question, the associated 12 sessions of physical therapy were likewise denied. The applicant's attorney subsequently appealed. In a January 20, 2014 progress note, the applicant was described as reporting persistent shoulder pain with associated weakness. Positive signs of internal impingement were noted with 4/5 shoulder strength appreciated. Authorization was apparently sought for a left shoulder arthroscopy at that point in time. On March 3, 2014, the applicant underwent platelet-rich plasma in the clinic. The remainder of the file was surveyed. There was no evidence that the applicant underwent the shoulder surgery in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The applicant did not and/or has not undergone the shoulder surgery in dispute here. Therefore, the MTUS Chronic Pain Medical Treatment Guidelines are applicable. The eight-session course of treatment propose here is not consistent with the principles articulated in the MTUS Chronic Pain Medical Treatment Guidelines, which endorse tapering or fading the frequency of treatment over time, active therapy, active modalities, and self-directed home physical medicine. In this case, the applicant is several years removed from the date of injury. The applicant has unspecified amounts of physical therapy over the life of the claim. The applicant has seemingly reached a plateau following completion of the same, in terms of the functional improvement measures established in the MTUS guidelines. Significant shoulder pain complaints, range of motion deficits, and weakness persist. The applicant does not appear to have returned to work. It is not clear why additional physical therapy has been sought, given the failure of earlier physical therapy treatments. Therefore, the request is not medically necessary.