

Case Number:	CM14-0166574		
Date Assigned:	10/13/2014	Date of Injury:	03/23/2014
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 is a represented [REDACTED] employee who has filed a claim for shoulder and upper arm pain reportedly associated with an industrial injury of March 23, 2014. Thus far, the applicant has been treated with analgesic medications; earlier shoulder hemiarthroplasty, rotator cuff repair and biceps tenodesis surgery on April 7, 2014; and 37 sessions of postoperative physical therapy. In a September 29, 2014 Utilization Review, the claims administrator denied a request for eight sessions of physical therapy for the shoulder. Somewhat incongruously, the claims administrator invoked both the MTUS Postsurgical Treatment Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant was placed off of work, on total temporary disability. In a September 11, 2014 progress note, the applicant was described as five months removed from earlier shoulder surgery. The applicant's flexion had improved to 120 degrees and her external rotation to 45 degrees. The applicant was asked to perform strengthening exercises and pursue additional physical therapy. In a September 23, 2014 RFA form; eight sessions of physical therapy were sought. In a March 26, 2014 progress note, it was acknowledged that the applicant had comorbidities including hypertension. On April 7, 2014, the applicant underwent a right shoulder hemiarthroplasty, rotator cuff repair and biceps tenodesis to ameliorate a preoperative diagnosis of comminuted humeral fracture with four to five pieces present. In a physical therapy progress note of September 10, 2014, it was stated that the applicant had had 59 sessions of physical therapy through that point in time. The applicant was having difficulty lifting or carrying articles weighing greater than 3 to 4 pounds, it was noted at that point in time. In a September 3, 2014 physical therapy progress note, the applicant was described as having had 73 sessions of physical therapy with difficulty performing

activities including lifting, carrying, and reaching. The applicant continued to receive passive modalities including electrical stimulation and application of cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Additional Physical Therapy two times per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.3 do acknowledge that physical medicine may be continued up to the end of the postsurgical physical medicine period in applicants who have already completed the general course of therapy in individuals in whom it is determined that additional functional improvement can be accomplished, in this case, however, it does not appear that additional functional improvement can be accomplished. Despite having completed 73 prior sessions of physical therapy, the applicant is still having difficulty lifting and carrying articles weighing greater than three to four pounds. The applicant remains off of work, on total temporary disability, several months removed from the admittedly major shoulder surgery which previously transpired. The applicant, furthermore, appears to have had prior treatment (73 sessions through September 3, 2014), seemingly well in excess of the 24-session course recommended in MTUS 9792.24.3 following a total shoulder arthroplasty surgery and the 40 sessions recommended in MTUS 9792.24.3 following rotator cuff complete rupture repair surgery. Again, all of the information on file points to the applicant's having plateaued with earlier treatment in terms of the functional improvement measures established in MTUS 9792.20f. It does not appear that further functional improvement can be accomplished here as: (a) the applicant remains off of work, on total temporary disability and (b) the applicant still has significant surgical impairment in terms of lifting and carrying articles weighing greater than 3 to 4 pounds. Therefore, the request is not medically necessary.