

Case Number:	CM14-0185027		
Date Assigned:	11/12/2014	Date of Injury:	04/20/2009
Decision Date:	12/22/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 pain reportedly associated with an industrial injury of April 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 30, 2014, the claims administrator modified a request for eight sessions of physical therapy as four sessions of physical therapy. The claims administrator stated that the applicant had undergone shoulder surgery at an unspecified point in time. The claims administrator stated that the applicant had completed 18 to 20 sessions of physical therapy and that a four-session partial approval would take the applicant to the upper end of the 24-session course recommended in the Postsurgical Treatment Guidelines. In a September 12, 2014 progress note, it was stated that the applicant was two and a half months removed from earlier rotator cuff repair surgery. The applicant had undergone a massive rotator cuff tear repair procedure. Eight additional sessions of physical therapy were sought. The applicant was making slow progress. Shoulder elevation was limited to 85 degrees with associated weakness. In an operative report dated June 26, 2014, the applicant underwent an arthroscopic repair of rotator cuff, arthroscopic subacromial decompression, and subacromial bursectomy and debridement to ameliorate a preoperative diagnosis of right shoulder massive rotator cuff tear status post earlier rotator cuff repair surgery in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy 2 x 4 visits for the Right Shoulder (8 sessions):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Shoulder, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the approval may result in extension of treatment slightly beyond the 24-session course recommended in the MTUS Postsurgical Treatment Guidelines following earlier rotator cuff repair surgery of June 26, 2014, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine treatment is contingent upon applicant-specific factor such as comorbidities, prior pathology and/or surgery involving the same body part, and/or complexity of the surgical procedure undertaken. Here, the applicant underwent a massive rotator cuff repair surgery. The applicant had undergone a previous rotator cuff repair surgery in 2011. The applicant still had significant impairment appreciated on a September 12, 2014 office visit, in which the applicant was described as having significant range of motion and strength deficits. Additional treatment beyond MTUS parameters was/is therefore indicated. Accordingly, the request is medically necessary.