

Case Number:	CM14-0024141		
Date Assigned:	06/11/2014	Date of Injury:	07/19/2012
Decision Date:	12/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 chronic shoulder pain reportedly associated with an industrial injury of July 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator invoked the Postsurgical Treatment Guidelines in MTUS 9792.24.3 but did not explicitly state when the applicant had had surgery. The claims administrator stated the applicant had had 24 sessions of postoperative physical therapy. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant reported ongoing complaints of shoulder pain. Flexion was limited to 160 degrees, with pain. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought. The operative report was reviewed. The applicant did undergo an open right shoulder rotator cuff repair surgery on August 27, 2013. On January 16, 2014, eight additional sessions of physical therapy were sought owing to ongoing complaints of shoulder pain. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 for the right shoulder: 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 do endorse a general course of 30 sessions of treatment following open rotator cuff repair surgery, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated with earlier treatment. Here, the applicant has had at least 24 prior sessions of postoperative physical therapy through the date of the request, January 16, 2014, following earlier shoulder surgery on August 27, 2013. The applicant remained off of work, on total temporary disability, some four and half to five months removed from the date of surgery, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior postoperative treatment. Therefore, the request for an additional eight sessions of physical therapy is not medically necessary.