

Case Number:	CM14-0028399		
Date Assigned:	06/27/2014	Date of Injury:	01/07/2010
Decision Date:	08/26/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 January 7, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical agents, adjuvant medications; a transcutaneous electrical nerve stimulation (TENS) unit, traction, and somewhere between 19 to 24 sessions of physical therapy, per the claims administrator. In a utilization review report dated February 7, 2014, the claims administrator denied a request for 8 to 12 additional sessions of physical therapy, noting that the applicant had only completed 19/24 previously authorized physical therapy treatments following earlier shoulder surgery. The date of surgery was not provided in the utilization review report. In a progress note dated October 11, 2013, it was stated that the applicant was having persistent complaints of both shoulder and neck pain. The applicant was using Nexium, Lyrica, Lidoderm, Voltaren, Duexis, and a TENS unit, at this point in time. Authorization for shoulder arthroscopy, a TENS unit, and sleep study were sought while the applicant was placed off of work, on total temporary disability. It is incidentally noted that the applicant was given a 40% whole person impairment rating through a medical-legal evaluation of February 15, 2013. On January 31, 2014, the applicant was again placed off of work, on total temporary disability, following shoulder arthroscopy on November 12, 2013. Additional steroid injections were sought. The applicant was given prescriptions for Nexium, Lyrica, Lidoderm, Voltaren and Duexis. A sleep study was also pending. The applicant's shoulder range of motion was not characterized on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) to twelve (12) physical therapy treatments for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for 8 to 12 additional sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period following earlier shoulder surgery on November 12, 2013, both as of the date of the request and as of the date of the utilization review report, February 7, 2014. As noted in MTUS 9792.24.3.c.4.b, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine treatment period. In this case, the applicant has had prior treatment (19 to 24 sessions) seemingly consistent with the 24-session course recommended in section 9792.24.3 following shoulder surgery for impingement syndrome/rotator cuff tears. There has however, been demonstration of functional improvement, which would support further treatment beyond the guidelines. The applicant is off of work, on total temporary disability. The attending has not outlined how the other earlier physical therapy has been beneficial. The applicant's strength and range of motion parameters were not clearly outlined on January 31, 2014 office visit in which additional physical therapy was sought. The applicant remained highly reliant on various analgesic and adjuvant medications, including Lyrica, Lidoderm, Voltaren gel, Duexis, etc. All of the above, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy in amounts consistent with the MTUS. Therefore, the request is not medically necessary.