

Case Number:	CM14-0041035		
Date Assigned:	06/30/2014	Date of Injury:	12/30/2012
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 December 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder SLAP repair surgery; and at least 16 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated March 13, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy for the shoulder as eight sessions of physical therapy for the same. The date of surgery was garbled by the claims administrator incorrectly reported as "1202/14." The claims administrator cited a variety of non-MTUS Guidelines, including Chapter 6 ACOEM Guidelines, ODG Guidelines, and the Postsurgical Treatment Guidelines in MTUS 9792.24.3. It is not clearly stated which guidelines were invoked or were applicable. The applicant's attorney subsequently appealed. It appears that 12 sessions of physical therapy were requested via a request for authorization form dated March 3, 2014. In a progress note just prior, dated February 27, 2014, it was stated that the applicant had significant restriction in motion and had demonstrated postoperative adhesive capsulitis. Additional physical therapy was sought. The claimant's range of motion was limited with flexion to 150 degrees and external rotation to only 30 degrees. The applicant's works status was not provided. In a February 21, 2014 case manager note, it was suggested that the applicant was off of work, on total temporary disability. In a legal report dated December 17, 2013, it was stated that the applicant was status post shoulder surgery on December 2, 2013. The applicant did apparently undergo a diagnostic arthroscopy, superior labral repair surgery, synovectomy, and complete subacromial bursectomy on December 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3.c.2, Postsurgical Treatment Guidelines Following Arthroscopic Shoulder Surgery for Impingement Syndrome.

Decision rationale: While MTUS 9792.24.3 does note that a general course of 24 sessions of physical therapy is recommended following shoulder arthroscopy for impingement syndrome, one of the issues seemingly present here, this recommendation is qualified by further commentary made in section 9792.24.3.c.2, which notes that the medical necessity for postsurgical physical medicine is also contingent on comorbid medical conditions, prior pathology, and/or surgery involving the same body part. In this case, the applicant has above comorbid adhesive capsulitis. The applicant does, thus, seemingly have pathology above and beyond that encapsulated in the guideline. In addition to having issues with postoperative adhesive capsulitis, the applicant also has evidence of labral pathology, and/or rotator cuff pathology in the form of impingement syndrome/bursitis. Additional physical therapy on the order of that proposed was therefore indicated. Therefore, the request is medically necessary.