

Case Number:	CM14-0059198		
Date Assigned:	07/09/2014	Date of Injury:	08/08/2011
Decision Date:	09/15/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/29/2014

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 August 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; shoulder corticosteroid injection therapy; a carpal tunnel corticosteroid injection; and work restrictions. In a Utilization Review Report dated March 29, 2014, the claims administrator approved a request for a shoulder arthroscopy and rotator cuff repair surgery, approved a preoperative EKG, approved preoperative laboratory testing, approved postoperative Percocet, approved an abduction sling, partially a request for 24 sessions of postoperative physical therapy as 12 sessions of postoperative physical therapy, approved a surgical assistant, and approved a cold compression unit. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant was described as having a torn rotator cuff, possible labral tear, and adhesive capsulitis about the shoulder. Authorization for shoulder surgery was sought on the grounds that the applicant had failed conservative treatment. 24 sessions of postoperative physical therapy were also concurrently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-op physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.3.a.2, an initial course of postoperative physical therapy represents one-half of the general course of physical therapy for the specific surgery in question. Section 9792.24.3 goes on to recommend a general course of 24 sessions of physical therapy treatment following arthroscopic shoulder surgery, as is planned here. One-half of 24, then, represents an initial course of 12 sessions of physical therapy. The 24-session course of treatment being sought by the attending provider, thus, is twice the initial course recommended in MTUS 9792.24.3.a.2. No rationale or medical evidence for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.