

Case Number:	CM14-0082570		
Date Assigned:	07/21/2014	Date of Injury:	05/17/2013
Decision Date:	12/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/04/2014

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 shoulder pain reportedly associated with an industrial injury of May 17, 2013. In a Utilization Review Report dated May 12, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. In his/her application, the applicant's attorney indicated that the appeal was based on a UR denial of May 12, 2014. In a handwritten note dated November 27, 2013, the applicant was placed off of work, on total temporary disability. Authorization was sought for shoulder surgery. In a May 16, 2014 progress note, it was noted that the applicant had undergone a shoulder surgery on December 12, 2013. The applicant was on Percocet for pain relief. Tramadol and a topical compounded medication were endorsed. Twelve sessions of physical therapy were sought. The applicant was placed off of work, on total temporary disability. In a February 19, 2014 progress note, it was noted that the applicant reported ongoing complaints of shoulder pain, headaches, and low back pain. The applicant had completed 18 sessions of physical therapy following shoulder surgery, it was acknowledged. Percocet was renewed while the applicant was again kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3X4 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of December 12, 2013 as of the date of the request, April 16, 2014. While the Postsurgical Treatment Guidelines do endorse a general course of 24 sessions following shoulder surgery for impingement syndrome, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.4.b to the fact that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. Here, the applicant was off of work, on total temporary disability, on April 16, 2014, i.e., the four-to five-month mark of the date of surgery. The applicant remains dependent on opioid agents such as Percocet, tramadol, and topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least 18 prior sessions of postoperative physical therapy. Therefore, the request is not medically necessary.