

Case Number:	CM13-0055094		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	04/02/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old [REDACTED] employee who has filed a claim for chronic shoulder, elbow, and wrist pain reportedly associated with an industrial injury of November 6, 2012. In a utilization review report dated October 25, 2013, the claims administrator partially approved a request for 12 sessions of physical therapy to the shoulder as 2 sessions of the same. The claims administrator based his decision on a variety of non-MTUS Guidelines, including non-MTUS Chapter 6 ACOEM Guidelines. The claims administrator also invoked the Labor Code and State Bill 899 in its determination. A 2-session partial approval was apparently furnished. A September 16, 2013 progress note was referenced. On August 5, 2013, the applicant reported persistent complaints of shoulder pain. The applicant was making slow and steady improvement insofar as the recently operated upon shoulder was concerned, the attending provider noted. The applicant exhibited flexion and abduction of the shoulder in the same 90-degree range. The applicant had ancillary complaints of wrist and elbow pain. Additional physical therapy was endorsed. The applicant was kept off of work, on total temporary disability. 12 sessions of treatment were proposed via an RFA form of August 21, 2013. The August 21, 2013 progress note represented the sole note incorporated into the independent medical review packet. The September 16, 2013 progress note which the claims administrator based its decision upon was not incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 114.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 1. No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines reported a general course of 24 sessions of treatment following shoulder surgery for rotator cuff syndrome, as apparently transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4 to the effect that applicants should be reevaluated following continuation of therapy so as to document functional improvement to justify continuation of physical medicine treatment. Here, however, the September 16, 2013 progress note on which the article in question was requested was not incorporated into the independent medical review packet. The applicant's work status, functional status, and response to earlier treatment were unknown as of the date of the request, September 16, 2013. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.