

Case Number:	CM14-0198805		
Date Assigned:	12/09/2014	Date of Injury:	02/19/2013
Decision Date:	02/11/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 February 19, 2013. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for 8 to 12 sessions of physical therapy. The claims administrator referenced an RFA form dated October 27, 2014 in its determination. The claims administrator contended that the applicant has had 28 prior physical therapy treatments without sustained benefit. The applicant had undergone earlier right shoulder subacromial decompression surgery on June 13, 2014, the claims administrator noted and had gone on to complete 28 sessions of physical therapy through October 15, 2014, the claims administrator posited. The applicant's attorney subsequently appealed. In an October 28, 2014 physical therapy progress note, it was suggested that the applicant has completed 30 sessions of physical therapy, six of which were apparently cancelled. It was not clear whether the applicant had had, thus, completed 24 sessions of treatment or 30 sessions of treatment. The applicant's job title was that of a gardener. The applicant was unable to work, it was acknowledged. 145 degrees of shoulder range of motion was appreciated with 4+/5 shoulder strength noted. Additional physical therapy was sought to improve the applicant's muscle function and range of motion. In an August 27, 2014 orthopedic surgery progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of right shoulder pain. Additional physical therapy was endorsed. The note was handwritten, sparse, and somewhat difficult to follow. In a September 30, 2014 progress note, the applicant's attending provider noted that the applicant had issues with limited shoulder range of motion with flexion to 120 degrees. Superimposed issues with elbow pain were impeding and delaying the applicant's recovery, the attending provider noted. On September 30, 2014, the applicant reported elbow and shoulder pain. Physical therapy was sought while an elbow corticosteroid injection

was recommended. The applicant was kept off of work. An elbow MRI was also sought. On June 30, 2014, the applicant underwent a shoulder arthroscopic subacromial decompression procedure. On October 23, 2014, the applicant received an elbow corticosteroid injection. The applicant possessed 145 degrees of shoulder range of motion at that point, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 2-3 Times a Week for 4 Weeks, Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the approval does represent an extension of treatment seemingly beyond the 24-session course recommended in the MTUS Postsurgical Treatment Guidelines following shoulder surgery for rotator cuff syndrome/impingement syndrome, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbid medical conditions and an applicant's essential work functions. Here, the applicant has superimposed issues with elbow pain/elbow epicondylitis which are impeding and delaying his recovery from the effects of the industrial shoulder injury. The applicant was making a slow and steady progress as of a medical progress note dated October 27, 2014, referenced above. The applicant's shoulder range of motion and shoulder strength were consistently described as improving from visit to visit. The applicant did/does have more arduous physical job demands as a gardener. Additional treatment beyond MTUS parameters was/is indicated, particularly in light of the fact that further functional improvement is possible here. Therefore, the request was/is medically necessary.