

Case Number:	CM14-0199083		
Date Assigned:	12/09/2014	Date of Injury:	04/07/2014
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 shoulder pain reportedly associated with an industrial injury of April 7, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; reduction of humeral fracture; open reduction and internal fixation of a rotator cuff tear on April 7, 2014; and 24 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the shoulder. The claims administrator stated that its decision was based on an RFA form received on October 27, 2014. Despite the fact that the applicant was, per the claims administrator, outside of the six-month postsurgical physical medicine period following earlier shoulder surgery of April 7, 2014, the claims administrator nevertheless cited the MTUS Postsurgical Treatment Guidelines. While citing the MTUS Postsurgical Treatment Guidelines, the claims administrator nevertheless utilized portions of the MTUS Chronic Pain Medical Treatment Guidelines in its rationale. In a handwritten note dated May 12, 2014, the applicant was placed off of work, on total temporary disability, while additional physical therapy was sought. On July 29, 2014, the applicant was returned to modified duty work while additional physical therapy was sought. The applicant was asked to continue usage of extra strength Vicodin. It was not clearly stated whether the applicant was or was not working, however. Twelve sessions of physical therapy were sought via an RFA form dated September 23, 2014. In an associated handwritten progress note of the same date, September 23, 2014, the applicant was described as exhibiting 90 degrees of shoulder flexion and abduction. Work restrictions were endorsed, although once again, it was not readily apparent whether the applicant was or was not working. Vicodin was endorsed in addition to a topical compounded drug. Other information such as the operative report was not, however, provided. The bulk of the

information on file comprised of handwritten progress notes which were extremely difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant, per the claims administrator, has already had prior treatment (24 sessions), seemingly compatible with the 24-session course endorsed in the MTUS Postsurgical Treatment Guidelines following earlier shoulder surgery of April 7, 2014. While this recommendation is qualified by commentary in MTUS 9792.24.3.c.3 to the effect that physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished, in this case, however, it was not clearly stated that functional improvement was still possible and/or could still be accomplished. The handwritten progress notes were very difficult to follow and did not outline the applicant's response to earlier treatment. It was not clearly stated or established whether the applicant was or was not working with limitations in place. MTUS 9792.24.3.c.2 goes on to note that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, the nature, number, complexity of surgical procedures undertaken, and applicant's essential work function, etc. In this case, however, the applicant's essential work functions were not clearly described. It was not clearly outlined or established what could potentially be accomplished through additional physical therapy. The operative report and/or nature of the surgical procedure undertaken were not clearly outlined. The handwritten progress note on file, in short, did not establish a compelling case for further treatment beyond MTUS parameters. Therefore, the request is not medically necessary.