

Case Number:	CM14-0086530		
Date Assigned:	07/23/2014	Date of Injury:	09/24/2012
Decision Date:	02/03/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 September 24, 2012. In a utilization review report dated June 4, 2014, the claims administrator failed to approve a request for 8 sessions of physical therapy for the shoulder. The claims administrator stated that the applicant had had 12 documented sessions of physical therapy to date. The claims administrator referenced an RFA form of May 8, 2014 in its denial and further noted that the applicant had undergone earlier shoulder arthroscopy on February 27, 2014. The claims administrator seemingly stated that its decision was based, in part, on the MTUS Chronic Pain Medical Treatment Guidelines, despite the fact that the applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder arthroscopy surgery of February 27, 2014. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported persistent complaints of neck, upper extremity, and shoulder pain status post earlier shoulder surgery of February 27, 2014. The applicant had reportedly completed unspecified amounts of physical therapy. The applicant reported some paresthesias about the hand. The applicant was on Celexa, Mevacor, Tenormin, Norco, Naprosyn, and Ambien, it was stated. The applicant had comorbidities including hypertension and depression. The applicant was not working and had last worked in November 2013. 3+/5 right upper extremity strength was noted versus 5/5 left upper extremity strength. 90 degrees of shoulder abduction and flexion were evident on this date. A right carpal tunnel brace, cervical MRI imaging, Tylenol No. 3, and follow-up visit with an orthopedic shoulder surgeon were recommended. In an operative report dated February 27, 2014, the attending provider performed a right shoulder arthroscopy with extensive debridement of the rotator cuff and labrum, subacromial decompression, and biceps tenotomy procedure to

ameliorate postoperative diagnoses of partial-thickness rotator cuff tear, SLAP lesion, extensive synovitis through the glenohumeral joint, and impingement syndrome. In a physical therapy progress note of April 2, 2014, handwritten, the applicant reported residual 7/10 shoulder pain with 120 degrees of right shoulder range of motion and diminished right shoulder strength also evident. The claims administrator's medical records log suggested that the May 8, 2014 progress note and/or RFA form in which the request for additional physical therapy was sought 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 2 x week x 4 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the proposed 8 sessions of physical therapy for the shoulder is medically necessary and appropriate. Per the claims administrator, the applicant had had 12 sessions of postoperative physical therapy through the date additional physical therapy treatment was sought, May 8, 2014. Approval of an additional 8 sessions of physical therapy does represent treatment in line with the 24-session overall course of therapy endorsed following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome, as apparently transpired here. This recommendation, however, is further qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine for any given applicant is contingent on a number of applicant-specific risk factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, and an applicant's essential work functions. In this case, the applicant underwent multiple procedures involving the shoulder, including an arthroscopic decompression procedure, a debridement procedure, and a biceps tenotomy procedure. The applicant carried a significant pathology involving the injured shoulder; it was suggested on an operative report of February 27, 2014, on which the applicant was given diagnoses of SLAP lesion, partial-thickness rotator cuff tear, extensive synovitis, and impingement syndrome. The applicant also had mental health comorbidities, it was suggested in a subsequent permanent and stationary report dated September 10, 2014. Additional treatment was, thus, indicated on or around the date in question, May 8, 2014, despite the fact that the clinical progress note on which additional physical therapy was sought was not seemingly incorporated into the independent medical review packet. The information which is on file, however, did support the request. Therefore, the request is medically necessary.