

Case Number:	CM15-0183712		
Date Assigned:	09/24/2015	Date of Injury:	11/22/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 46-year-old who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of November 22, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy for the shoulder. The claims administrator referenced an August 13, 2015 office visit in its determination and suggested that the applicant had undergone earlier shoulder surgery on an unspecified date in April 2015. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing complaints of left shoulder pain status post earlier left shoulder surgery in April 2015, 8/10. The applicant had received at least 10 sessions of postoperative physical therapy, it was reported. The applicant was on Norco and tramadol. Significantly diminished shoulder range of motion with flexion and abduction to 90 degrees was evident. The applicant was placed off of work, on total temporary disability. MRI imaging of the cervical spine was sought. The applicant was asked to undergo extracorporeal shockwave therapy and additional left shoulder physical therapy. The note was difficult to follow as it mingled historical issues with current issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 post-operative physical therapy of the left shoulder two times a week for four weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: No, the request for eight additional sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. It appeared that the applicant was still within the six months postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery at an unspecified date in April 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following surgery for rotator cuff syndrome or impingement syndrome, as seemingly transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants who fail to demonstrate functional improvement. Here, the applicant was placed off of work, on total temporary disability, as of the August 13, 2015 office visit at issue. Four months of postoperative physical therapy had failed to significantly ameliorate the applicant's shoulder range of motion, which was limited to 90 degrees of flexion and abduction. The applicant remained dependent on opioid agents to include Norco and tramadol, it was stated on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request was not medically necessary.