

Case Number:	CM15-0197641		
Date Assigned:	10/13/2015	Date of Injury:	05/28/2014
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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 [REDACTED] [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 28, 2014. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced a September 17, 2015 office visit in its determination. The claims administrator contended that the applicant had had 38 sessions of physical therapy following a prior biceps tenodesis procedure in August 2014. The applicant's attorney subsequently appealed. On an RFA form dated September 24, 2015, 12 sessions of physical therapy were sought. On an associated progress note dated September 17, 2015, the applicant reported ongoing complaints of shoulder pain with ancillary complaints of elbow and arm pain. The applicant reported "marked pain," the treating provider stated. The applicant had undergone earlier shoulder arthroscopy at an unspecified point in time. Twelve sessions of physical therapy and an interferential stimulator were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider stated that the applicant's previously authorized physical therapy course was expiring as of this point. On an operative report dated August 11, 2015, the applicant underwent a shoulder arthroscopy, acromioplasty, lysis of adhesions, bursectomy, partial synovectomy, removal of loose bodies, and an intra-articular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks right shoulder: Overturned

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

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

Decision rationale: Yes, the request for 12 sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. The request in question was framed as a request for postoperative physical therapy following earlier acromioplasty, Mumford procedure, lysis of adhesions, bursectomy, partial synovectomy, and removal of loose body surgery on August 11, 2015. The MTUS Postsurgical Treatment Guidelines support a general course of 24 sessions of treatment following shoulder surgery for rotator cuff syndrome or impingement syndrome, as seemingly transpired here, and further stipulated in MTUS 9792.24.3.c3 that postsurgical treatment may be extended through the end of the postsurgical physical medicine treatment period in applicants in whom it is determined that additional functional improvement may be accomplished. Here, it appeared (but was not clearly stated) that the applicant had had approximately 12 sessions of therapy through the date of the request, September 17, 2015, following earlier shoulder surgery of August 11, 2015. Additional functional improvement was certainly possible on or around the date of the request. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c2 further stipulates that medical necessity for postsurgical physical method treatment for any given applicant is contingent on 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, etc. Here, the applicant had undergone an earlier open biceps tenodesis procedure, one year prior, the claims administrator stated in its Utilization Review report. The applicant underwent multiple surgical procedures on August 11, 2015 to include a synovectomy, Mumford procedure, acromioplasty, lysis of adhesions, removal of loose bodies, etc. Additional treatment on the order of that proposed was, thus, indicated, for all of the stated reasons. Therefore, the request was medically necessary.