MAXIMUS Federal Services

Case Number:	CM15-0031106		
Date Assigned:	02/24/2015	Date of Injury:	01/08/2013
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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 43-year-old [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 8, 2013. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for 8 sessions of physical therapy. The claims administrator referenced a January 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, it was acknowledged that the applicant had undergone earlier shoulder surgery on September 11, 2013 and had developed issues with postoperative adhesive capsulitis. On January 15, 2015, the applicant was asked to pursue eight additional sessions of physical therapy. An extremely proscriptive limitation of "no lifting or repetitive use of left arm" was endorsed. Shoulder range of motion was limited with flexion and abduction in 105 to 145 degree range. The applicant was five months removed from the left shoulder manipulation on anesthesia procedure. The application's medication list was not clearly detailed. In an earlier encounter dated December 26, 2014, it was stated that the applicant was using Percocet for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for eight additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The request was seemingly initiated on or around the five-month mark of the date the applicant had undergone earlier shoulder manipulation under anesthesia surgery. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 24 sessions of treatment following a shoulder surgery for adhesive capsulitis, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4 to the effect that the frequency of treatment should be gradually reduced or discontinued over time. MTUS 9792.24.3.c.4 further stipulates that documentation of functional improvement is needed to justify continued physical therapy treatment. Here, however, the applicant did not appear to demonstrate functional improvement in terms of the measures established in MTUS 9792.20f following receipt of earlier unspecified amounts of physical therapy treatment through the date of the request. The applicant had seemingly failed to return to work. Rather proscriptive limitations remained in place. The applicant was still dependent on Percocet for pain relief. The attending provider failed to outline any clear goals for further physical therapy, going forward, nor did the attending provider clearly detail the applicant's response to earlier therapy. Therefore, the request was not medically necessary.