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| Case Number: | CM15-0035913 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 09/17/2014 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 59-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 17, 2014. In a Utilization Review Report dated February 16, 2015, the claims administrator partially approved request for nine sessions of physical therapy as six sessions of the same. The claims administrator invoked both MTUS and non-MTUS Guidelines in its determination. The applicant reportedly had issues with adhesive capsulitis. It was stated that the applicant had developed issues with adhesive capsulitis status post earlier rotator cuff repair surgery. A progress note dated February 11, 2015 was referenced (but not summarized) in the determination. The claims administrator referenced MTUS Postsurgical Treatment Guidelines on shoulder arthroscopy, despite the fact that the applicant had undergone an open rotator cuff repair procedure. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant underwent an open rotator cuff repair surgery, biceps tenodesis, and shoulder arthroscopy. In a handwritten RFA form dated February 11, 2015, nine additional sessions of physical therapy were proposed. A February 24, 2015, progress note suggested that the applicant had developed a variety of mental health issues with major depressive disorder (MDD) and generalized anxiety disorder superimposed on these chronic pain issues. On February 4, 2015, the applicant was seemingly placed off of work. Total temporary disability and additional physical therapy for ongoing shoulder complaints was proposed. The note was very difficult to follow. A handwritten progress note dated January 12, 2015, suggested that the applicant should pursue additional physical therapy while remaining off

of work, on total temporary disability. The note was, once again, extremely difficult to follow and not altogether legible. The applicant's response to earlier treatment was not summarized.

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 3 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for additional physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment. Established in MTUS 9792.24.3 following earlier shoulder surgery of December 19, 2014, as of the date of the request. While the MTUS Postsurgical Treatment Guidelines do support a general course of 30 sessions of treatment following open rotator cuff repair surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any point during the postsurgical physical medicine treatment period in applicants who fail to demonstrate functional improvement with earlier treatment. Here, the applicant was off work, on total temporary disability, as of the date of the request. The attending provider's handwritten progress note were thinly and sparsely developed and have failed to outline what benefit or benefits the applicants had derived with earlier treatment. No clear goals for additional treatment were stated. The applicant's response to earlier treatment was not clearly detailed. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy through the date of request. Therefore, the request was not medically necessary.