

Case Number:	CM14-0120653		
Date Assigned:	09/25/2014	Date of Injury:	01/13/2011
Decision Date:	11/04/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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 employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple (three) shoulder surgeries over the course of the claim; and extensive amounts of physical therapy. In a Utilization Review Report dated August 28, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as one session of physical therapy. The claims administrator failed to approve request for physical therapy through the Utilization Review process. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated August 8, 2014, it was noted that the applicant had undergone three prior shoulder surgeries. The applicant apparently had evidence of residual labral tear about the injured shoulder, it was noted. The Medical-legal Evaluator suggested that the applicant was approaching permanent and stationary status after multiple shoulder surgeries and multiple shoulder corticosteroid injections. The applicant's work status was not furnished. In a June 18, 2014 progress note, the applicant reported persistent complaints of shoulder pain status post most recent rotator cuff repair surgery of January 2, 2014. Flexion was limited to 160 degrees. The applicant was severely obese, weighing 300 pounds and standing 5 feet 10 inches tall. An additional 12 sessions of physical therapy for gentle range of motion and strengthening were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was still using tramadol for pain relief. MRI imaging of the shoulder was reportedly pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 TO WORK ON GENTLE RANGE OF MOTION AND STRETCHING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the Postsurgical Treatment Guidelines in MTUS 9792.23 do endorse a general course of 24 sessions of treatment following shoulder rotator cuff repair surgery, as apparently transpired here. This recommendation, however, is qualified by commentary in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. In this case, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. MRI imaging of the shoulder has apparently been endorsed to search for further shoulder pathology, the attending provider indicated on his progress note of June 18, 2014. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier postoperative physical therapy. Therefore, the request for additional physical therapy is not medically necessary.