

Case Number:	CM14-0093773		
Date Assigned:	07/25/2014	Date of Injury:	12/06/2011
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier shoulder surgery, per the claims administrator; and eighteen sessions of postoperative physical therapy. In a Utilization Review Report dated June 3, 2014, the claims administrator partially certified a request for eight sessions of physical therapy as six sessions of physical therapy. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 were invoked, although the claims administrator did not state the date of surgery. The claims administrator seemingly based its decision on an office visit of May 7, 2014 and a request for authorization form dated May 27, 2014. Neither the May 27, 2014 request for authorization nor the May 7, 2014 progress note, however, were incorporated into the claims administrator's Independent Medical Review packet medical evidence log, however. The applicant's attorney subsequently appealed. The applicant had apparently undergone shoulder arthroscopy, arthroscopic rotator cuff repair surgery; and biceps tenodesis surgery on December 27, 2013. In a progress note dated March 14, 2014, the applicant was described as having persistent complaints of shoulder pain. Shoulder range of motion was limited in flexion and abduction to 100 to 110 degree range. The attending provider noted that the applicant was not working as light duty was unavailable. A rather proscriptive 5-pound lifting limitation was endorsed. On March 28, 2014, the applicant was described as using hydrocodone for pain relief status post earlier shoulder surgery. The applicant was placed off of work, on total temporary disability. It was stated that the applicant had comorbidities including a history of seizure disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for 4 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

Decision rationale: MTUS 9792.24.3 establishes a six-month postsurgical physical medicine treatment period following a shoulder surgery. In this case, the request for authorization was initiated on May 27, 2014, the claims administrator suggested, i.e., after the conclusion of the postsurgical physical medicine treatment period. Thus, the MTUS Chronic Pain Medical Treatment Guidelines are/were applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's work and functional status on and around the date of the request, May 27, 2014, are/were unknown. The applicant's response to earlier treatment was not clearly outlined, although it is acknowledged that neither the May 7, 2014 progress note nor the May 27, 2014 request for authorization form seemingly made available to the claims administrator were incorporated into the Independent Medical Review packet. The information which is on file, however, suggests that the applicant was/is off of work, on total temporary disability, despite having completed extensive prior physical therapy, and remains dependent on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.