

Case Number:	CM13-0062417		
Date Assigned:	06/09/2014	Date of Injury:	03/20/2006
Decision Date:	02/18/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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, Ohio, 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] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 20, 2000. In a Utilization Review Report dated November 20, 2013, the claims administrator partially approved request for 18 sessions of physical therapy for the right shoulder as 12 sessions of the same and denied request for 14 sessions of physical therapy for the shoulder outright. The claims administrator referenced a progress note dated November 12, 2013 in its determination. The claims administrator framed the request as a first-time request for postoperative physical therapy. The applicant's attorney subsequently appealed. In a handwritten note dated November 12, 2013, the applicant reported ongoing complaints of shoulder pain. It was stated that the applicant wanted to proceed with planned shoulder surgery. A right shoulder arthroscopy was sought. The applicant was kept off of work. In an earlier handwritten note dated September 10, 2013, the attending provider seemingly suggested that the applicant's shoulder pain was bad enough for surgery. In an operative report dated July 24, 2013, the applicant underwent an examination under anesthesia, diagnostic and operative arthroscopy of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3xwk x 6wks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In its Utilization Review Report, the claims administrator framed the request as a first-time request for postoperative physical therapy initiated on a handwritten progress note of November 12, 2013. On that date, the attending provider seemingly sought concomitant authorization for a right shoulder arthroscopy and associated postoperative physical therapy. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a.2 to the effect that an initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery. An initial course of treatment following arthroscopic shoulder surgery, thus, is one-half of 24, or 12 treatments. The request, thus, as written is neither in-line with the MTUS 9792.24.3.a.2 nor in-line with MTUS 9792.24.3.c.3, which stipulates that postsurgical treatment can be continued up to the end of the post-surgical physical medicine period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, the attending provider sought authorization for a lengthy, protracted course of physical therapy well in excess of MTUS parameters, without any proviso to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to and/or functional improvement with the same. Therefore, the request was not medically necessary.

Post-op physical therapy 7xwk x 2wks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the claims administrator and per the attending provider's handwritten note of November 12, 2013, the request in question did represent a first-time request for postoperative physical therapy following planned arthroscopic right shoulder surgery. However, MTUS 9792.24.3.a.2 stipulates that an initial course of therapy following a surgical procedure means one-half of the number of visits specified in the general course of therapy for the specific surgery. The Postsurgical Treatment Guidelines endorse a general course of 24 sessions of treatment following arthroscopic shoulder surgery for rotator cuff tendon/impingement syndrome. One-half of 24, thus, represent 12 initial treatments. The concomitant request for 18 sessions of physical therapy followed by 14 sessions of physical therapy, thus, are at odds with MTUS 9792.24.3.a.2. The attending provider seemingly sought authorization for a lengthy, protracted course of treatment without any plan or proviso to re-evaluate the applicant in the midst of the treatment course so as to ensure a favorable response to the same before proceeding with further therapy. Therefore, the request was not medically necessary.

