

Case Number:	CM15-0015126		
Date Assigned:	02/03/2015	Date of Injury:	02/19/2013
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/27/2015

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, 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 February 9, 2013. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator noted that the applicant had undergone earlier right shoulder glenohumeral debridement, synovectomy, subacromial decompression, rotator cuff repair surgery, and acromioplasty on September 11, 2014. The claims administrator contended that the applicant had received authorization for 20 prior sessions of physical therapy, several of which are yet to be completed. The claims administrator referenced a November 18, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On November 11, 2014, the applicant reported ongoing complaints of shoulder, wrist, low back, hip, neck, and thigh pain. The applicant was placed off of work, on total temporary disability. The applicant completed 12 sessions of postoperative physical therapy. 6-7/10 shoulder pain was reported. An additional eight sessions of physical therapy were endorsed, along with a continuous cooling device and an interferential unit device. The applicant was placed off of work, on total temporary disability.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):.

Decision rationale: 1. No, the request for an additional eight sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of treatment following shoulder surgery for rotator cuff syndrome/impingement syndrome, as apparently transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatment shall be discontinued at any point during the postsurgical physical medicine period in applicants who failed to demonstrate functional improvement with earlier treatment. Here, the applicant was/is off of work, on total temporary disability, as of the date additional physical therapy was endorsed. The attending provider did not clearly establish how (or if) prior physical therapy had or had not proven beneficial. The fact that the applicant was off of work, coupled with the fact that the attending provider was seeking authorization for various devices, including continuous cooling device and an interferential stimulator device, however, did not make a compelling case for continuation of further therapy. It is further noted that the applicant reportedly had eight additional sessions of physical therapy which were pending at the time additional treatment was sought. It was not clearly established why the applicant did not complete the previously authorized treatment before additional physical therapy treatment was proposed. Therefore, the request was not medically necessary.