

Case Number:	CM15-0126423		
Date Assigned:	07/10/2015	Date of Injury:	05/06/2011
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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 60-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of May 6, 2011. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the shoulder. The claims administrator referenced a June 17, 2015 RFA form and an associated progress note of June 11, 2015 in its determination. The claims administrator contended that the applicant had received authorization for 24 sessions of physical therapy, the outcome of which was unknown and/or was unfavorable, the claims administrator reported. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported 5/10 multifocal pain complaints reportedly imputed to fibromyalgia. The applicant's medication list included Lidoderm patches, Percocet, Allegra, Xopenex, Patanol, Veramyst, Advil, Norvasc, hydrochlorothiazide, potassium, losartan, Advair, albuterol, Colace, Lexapro, Pepcid, Linzess, Nasonex, Ambien, Advair, and Lexapro. The applicant's BMI was 31, it was reported. The applicant had completed 12 recent sessions of physical therapy and also attended a pain coping skills class, it was reported. The applicant had undergone left shoulder surgery on February 17, 2015, it was reported. The applicant was reportedly interested in a gym membership. The applicant was asked to consult a psychologist to consider treatment via a functional restoration program. Percocet and Lidoderm were continued on this date, without any seemingly mention of the need for physical therapy. In an RFA form dated May 13, 2015, twelve sessions of physical therapy were endorsed. In an associated progress note dated May 7, 2015,

the applicant was described as 11 weeks removed from the date of earlier arthroscopic rotator cuff repair surgery. Flexion to 150 degrees was reported. The applicant was asked to pursue additional physical therapy. It was stated that the applicant had comorbid elbow issues which were delaying her recovery. 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:

Post op physical therapy 2 sessions per week for 6 weeks to left shoulder qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 additional sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant had seemingly had prior treatment authorized (24 sessions, per the claims administrator), seemingly consistent with the 24 sessions of postsurgical physical medicine suggested in the MTUS Postsurgical Treatment Guidelines following arthroscopic shoulder surgery for rotator cuff tears/impingement syndrome, as apparently transpired here. This recommendation is further qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical physical medicine treatment shall be discontinued at any point during the postsurgical physical medicine treatment in applicants and/or cases where no functional improvement is demonstrated. Here, the limited information on file suggested that the applicant had, in fact, failed to respond favorably to the 24 prior sessions of physical therapy in terms of the functional improvement parameters established in MTUS 9792.20e. The applicant remained off of work, on total temporary disability; it was reported on May 7, 2015. The applicant remained dependent on opioid agents such as Percocet on or around the four-month mark of the date of surgery, it was reported on June 17, 2015. The applicant's pain management physician reported on June 17, 2015 that the applicant was considering treatment via a functional restoration program, seemingly on the grounds that conventional physical therapy had been of limited benefit. The applicant's failure to return to work and continued reliance on opioid agents such as Percocet on or around the four-month mark of the date of surgery, thus, did suggest a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request for 12 additional sessions of postoperative physical therapy was not medically necessary.