

Case Number:	CM15-0072491		
Date Assigned:	04/22/2015	Date of Injury:	02/13/2012
Decision Date:	06/09/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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 51-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 13, 2012. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. Progress notes of March 2, 2015 and March 12, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 13, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant had undergone earlier left shoulder acromioplasty and debridement surgery at an unspecified point in time, it was reported. 120 degrees of abduction and 140 degrees of shoulder flexion were reported. Additional physical therapy for strengthening and range of motion improvement purposes was proposed. The date of surgery was not provided. On March 12, 2015, the applicant's primary treating provider placed the applicant off work, on total temporary disability. Twelve additional sessions of physical therapy were sought. It was stated that the applicant had completed earlier unspecified amounts of physical therapy. Once again, the date of surgery was not furnished. On February 12, 2015, the applicant reported 7-8/10 shoulder pain complaints. The applicant was placed off work, on total temporary disability, while earlier physical therapy was ordered. In a January 5, 2015 orthopedic note, the applicant was described as having made excellent progress insofar as the shoulder was concerned. 160-165 degrees of shoulder flexion and abduction were reported. The applicant had undergone earlier shoulder surgery on November 7, 2014, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy session, 3 x 4 week, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of therapy following shoulder surgery for rotator cuff syndrome/impingement syndrome, as seemingly transpired here, in this case, however, it was not clearly stated how much prior physical therapy had transpired to date. It was not clearly stated how much physical therapy had taken place between the date of surgery, November 7, 2014 and the date of the request, March 12, 2015. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.4b note that postsurgical treatments shall be discontinued at any time during the postsurgical physical medicine treatment period in applicants in whom no functional improvement is demonstrated. Here, all evidence on file pointed to the applicant's failure to demonstrate functional improvement. The applicant was off work, on total temporary disability, it was reported on March 12, 2015. The applicant's shoulder range of motion had deteriorated, it was noted on that date. An earlier note of January 12, 2015 suggested that the applicant retained 160-165 degrees of shoulder flexion and abduction. The applicant's failure to return to work, coupled with the applicant's seemingly deteriorating range of motion from visit to visit, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.