

Case Number:	CM13-0000916		
Date Assigned:	03/21/2014	Date of Injury:	01/14/2013
Decision Date:	05/12/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/02/2013

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. 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 June 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; 26 sessions of physical therapy over the life of the claim, per the claims administrator; reported diagnosis with a right shoulder proximal humeral fracture; and reported return to regular work. In a utilization review report of June 24, 2013, the claims administrator denied a request for six additional sessions of physical therapy, citing non-MTUS ODG Guidelines in the denial. The applicant's attorney subsequently appealed. A June 10, 2013 progress note is notable for comments that the applicant was working regular duty work. The applicant states that physical therapy was extremely beneficial. The applicant exhibited an average of 18 pounds of grip strength about the right hand versus 18 pounds about the left hand. Tenderness was appreciated about the right shoulder. It was stated that the applicant had full active range of motion on this date. An earlier note of May 6, 2013 suggested that the applicant's range of motion was markedly limited, flexion and abduction in the 90-degree range. Some concerns were voiced about possible adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS FOR THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment are recommended for myalgias and myositis of various body parts, the issue present here. The applicant had residual pain and stiffness following a humeral head fracture. While she had, per the claims administrator, had 26 sessions of physical therapy cumulatively, over the life of the claim, it appears that the bulk of these treatments transpired during the acute phase of the injury. As of the date of the utilization review report, June 10, 2013, the applicant was in the chronic pain phase of the injury. The applicant was an older worker (58 years old, as of the date of the request) with significant shoulder stiffness in whom the attending provider was concerned about development of shoulder adhesive capsulitis. Additional treatment on the order of that proposed was indicated, particularly as the applicant ultimately did evince functional improvement by successfully returning to regular duty work. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.