

Case Number:	CM13-0007608		
Date Assigned:	12/18/2013	Date of Injury:	05/19/2012
Decision Date:	03/10/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 neck, shoulder, and mid back pain with derivative sleep disturbance associated with an industrial injury sustained on May 19, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, muscle relaxants, topical applications of heat and cold, chiropractic manipulative therapy, and extensive periods of time off work, on total temporary disability. In a note dated July 12, 2013 the applicant reports depression, anxiety, irritability, and insomnia secondary to pain. The applicant is somewhat obese, standing 5 feet 4 inches tall and weighing 211 pounds. Shoulder range of motion is limited with flexion and abduction in the 90 to 100-degree range with positive signs of internal impingement. The applicant is placed off work, on total temporary disability, and asked to consult an orthopedic surgeon for the shoulder and a spine surgeon for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional physical therapy two to three times a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The applicant has had at least 9 sessions of prior treatment, seemingly compatible with the 9 to 10-session course recommended in the MTUS Chronic Pain Medical Treatment guidelines for myalgias and/or myositis of various body parts. However, the applicant has failed to demonstrate any functional improvement following completion of the same. The fact that the applicant remains off work, on total temporary disability, and is seemingly intent on pursuing both spine surgery and shoulder surgery consultations, taken together, implies a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request for additional therapy is not certified.