MAXIMUS Federal Services

Case Number:	CM13-0010207		
Date Assigned:	11/27/2013	Date of Injury:	12/04/2012
Decision Date:	02/13/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/16/2013

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 right arm pain, shoulder pain, and neck pain reportedly associated with an industrial injury of December 4, 2012. Thus far, the applicant has been treated with the following: analgesic medications; prior shoulder MRI imaging of February 2013, notable for full-thickness rotator cuff tear; 12 sessions of physical therapy and 12 sessions of acupuncture, per utilization review report of July 26, 2013; shoulder corticosteroid injection; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 26, 2013, the claims administrator denied a request for eight sessions of physical therapy for the shoulder for suspected diagnosis of adhesive capsulitis. The applicant's attorney subsequently appealed. In a work status report of October 31, 2013, the applicant was described as off of work, on total temporary disability, until the next evaluation, six weeks later. An earlier note of October 23, 2013, is notable for comments that the applicant is having persistent neck and shoulder pain with significant limitations in terms of range of motion. Abduction is limited to 70 degrees with flexion to 130 degrees. Pain with strength testing is appreciated. A shoulder corticosteroid injection is endorsed while the applicant is asked to pursue additional physical therapy. An earlier note of October 9, 2013 is notable for comments that applicant should move forward with surgical intervention for injured shoulder as previous physical therapy has been unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight additional physical therapy sessions for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The applicant has apparently had prior treatment (12 sessions) per the utilization review report of July 26, 2013, seemingly in excess of the 9-to-10 session course recommended on page 99 of the California MTUS Chronic Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, it does not appear that applicant has affected any lasting benefit or functional following completion of same. The applicant's failure to return to any form of work, remaining off of work, on total temporary disability and apparent pursuit of shoulder surgery, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f. It is difficult to support further physical therapy beyond the guideline in this context. Therefore the request is not certified.