

Case Number:	CM13-0022093		
Date Assigned:	12/11/2013	Date of Injury:	11/08/2007
Decision Date:	01/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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.

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, shoulder arthritis, low back pain, thumb pain, and neck pain reportedly associated with an industrial injury of November 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; two shoulder corticosteroid injections; unspecified amounts of physical therapy over the life of the claim; MRI imaging of the shoulder of December 3, 2012, notable for bursitis, tendinopathy and arthritis of uncertain clinical significance; brief periods of time off of work; and eventual return to regular duty work. On January 23, 2013, the applicant was placed off of work, given a shoulder corticosteroid injection, and asked to pursue a 12-session course of physical therapy. In a Utilization Review Report of August 20, 2013, the claims administrator denied a request for 10 sessions of therapy. The applicant's attorney later appealed. An earlier note of June 6, 2013 is seemingly notable for comments that the applicant is placed off of work, on total temporary disability. A later note of July 17, 2013 is notable for comments that the applicant has issues with adhesive capsulitis and impingement. His blood sugars are elevated. Shoulder strength and range of motion are limited with elevation to 120 degrees. The applicant is returned to regular duty work and asked to pursue further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Ten (10) physical therapy sessions to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 is recommended for myalgias and/or myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant did ultimately demonstrate functional improvement by successfully returning to regular duty work. He is apparently diabetic. He does have residual deficits in terms of range of motion apparently associated with a diagnosis of adhesive capsulitis of the shoulder. Per information on the file, he has only had two sessions of physical therapy earlier in 2013. Given his documented shoulder deficits, diabetes, and apparent intent to pursue functional restoration by returning to regular work, the request is certified as written, although it is noted that this does represent treatment at the upper end of the MTUS-endorsed range. In this case, however, the claimant's functional improvement to date, successful return to work, and residual deficits associated with adhesive capsulitis do make a case for treatment at the upper end of the guideline. Therefore, the original Utilization Review decision is overturned. The request is certified.