

Case Number:	CM13-0040652		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2011
Decision Date:	03/19/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 has filed a claim for chronic neck, shoulder, elbow, and wrist pain associated with an industrial injury of July 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; prior right shoulder arthroscopy; gastric bypass surgery; a sling; interferential current stimulator; unspecified amounts of physical therapy over the life of the claim; muscle relaxants; and extensive periods of time off of work, on total temporary disability. A recent progress note of November 15, 2013 is notable for comments that the applicant reports persistent shoulder pain. Flexion and abduction are limited to 150 to 155 degrees with clicking and grinding appreciated. Further right shoulder surgery and MRI imaging of the cervical spine are endorsed while the applicant remains off of work, on total temporary disability

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder (12 sessions): 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 Physical Medicine Page(s): 98-99.

Decision rationale: The applicant has had extensive prior therapy over the life of the claim, seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic pain Medical Treatment Guidelines for myalgias and myositis of various body parts. There has been no demonstration of functional improvement following completion of the same which would justify further treatment beyond the guideline. The applicant remains off of work, on total temporary disability, and remains highly reliant on various medical treatments. The applicant is now contemplating further shoulder surgery. All of the above, taken together, imply that previous physical therapy was unsuccessful and further imply a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified, on Independent Medical Review.