

Case Number:	CM13-0048467		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2013
Decision Date:	08/20/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/06/2013

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 February 7, 2013. Thus far, the applicant has been treated with the following: analgesic medications, reported diagnoses of partial-thickness, rotator cuff tear, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated November 12, 2013, the claims administrator denied a request for 12 sessions of physical therapy based on an earlier Utilization Review report denial dated November 5, 2013. The claims administrator suggested that the applicant should be capable of transition to home exercise program. A shoulder MRI of April 8, 2013 was notable for a full-thickness distal supraspinatus tendon tear with high-grade partial infraspinatus tendon tear. On January 16, 2014, the treating orthopedist stated that the applicant had persistent complaints of shoulder pain and had progressed to the point where she was ready to regular duty work on a trial bases as of January 16, 2014. The applicant's pain levels were in the 0-2/10 range but she had some concerns about performing mopping work. Full passive range of motion about the shoulder was noted with negative provocative testing and 5/5 strength. The applicant was returned to regular duty work and asked to follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

Decision rationale: The 12 session course of treatment represents treatment in excess of the 9 to 10 sessions recommended by the MTUS guidelines for myalgias and myositis of various body parts. No rationale for treatment this far in excess of MTUS parameters was provided. It is further noted that both pages 98 and 99 of the MTUS Chronic Medical Treatment Guidelines recommend active therapy, active modalities, and self-directed home physical medicine. In this case, it is further noted that the applicant did return to regular duty work on and or around the date of the utilization review report. In addition, she was described as having well-preserved strength and range of motion about the injured shoulder. Thus, the applicant could, in all likelihood, have transition toward self-directed home physical medicine on and around the date in question. Therefore, the request was not medically necessary.