

Case Number:	CM13-0061679		
Date Assigned:	01/15/2014	Date of Injury:	04/08/2013
Decision Date:	04/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis of shoulder tendinopathy, neck pain, and mild carpal tunnel syndrome; electrodiagnostic testing of October 9, 2013, notable for mild carpal tunnel syndrome; unspecified amounts of physical therapy over the life of the claim, including 10 sessions of physical therapy between April and May 2013, per the claims administrator; and a shoulder corticosteroid injection. A November 6, 2013 progress note is notable for comments that the applicant states that earlier physical therapy was not helpful and that the applicant only obtained fleeting relief following an earlier shoulder corticosteroid injection. The applicant's symptoms are unchanged. Shoulder range of motion is limited with flexion and abduction of 120 to 140 degree range. Another shoulder injection was performed. The applicant has apparently returned to regular duty work and asked to pursue additional physical therapy. In a December 10, 2013 progress note, the attending provider states that a subsequent shoulder injection only provided three to four days of pain relief. The attending provider states that he believes 12 sessions of physical therapy are needed and that the earlier three-session partial certification is inadequate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times weekly times 4 weeks for the, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 8, 99.

Decision rationale: The 12 sessions of treatment proposed here does, in and of itself, represent treatment in excess of 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and/or myositis of various body parts. It is further noted that the applicant appears to have reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f. While the applicant has returned to regular work, significant physical impairment persist. The applicant remains reliant on various treatments, including frequent shoulder corticosteroid injections. The applicant herself has stated that earlier physical therapy has not been terribly beneficial. All the above, taken together imply that the applicant has reached a plateau with earlier physical therapy treatment. The request for 12 additional sessions of physical therapy is not certified, for all the stated reasons.