

Case Number:	CM13-0061750		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2004
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 30, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a shoulder corticosteroid injection; prior right shoulder surgery in December 2010; prior cervical spine surgeries in 2001, 2006, and 2008; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of November 15, 2013, the claims administrator partially certified a request for twelve (12) sessions of physical therapy as six (6) sessions of physical therapy. Non-MTUS-ODG Guidelines were cited, although the MTUS does address the topic. In an earlier clinical progress note of October 16, 2013, the applicant is described as reporting shoulder pain. The note is handwritten, sparse, and somewhat difficult to follow. The applicant has acromioclavicular joint tenderness and limited shoulder range of motion with flexion and abduction in the 150-degree range. The applicant is placed 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 TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8 and 99.

Decision rationale: The 12 sessions of treatment being sought here represent treatment, in and of itself, in excess of the nine to ten (9-10) session course recommended in the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The Chronic Pain Guidelines also indicate that there should be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant is off of work, and is on total temporary disability, despite having completed prior unspecified amounts of physical therapy treatment over the life of the claim following prior shoulder and cervical spine surgeries. No clear goals for further treatment have been proffered by the attending provider. The attending provider's note of October 2013 is sparse, handwritten, and difficult to follow. It is not clearly stated why additional treatment is being sought at this late date. As noted in the MTUS/ACOEM Practice Guidelines, the value of physical therapy increases with a clear description of the diagnosis and/or lesions causing an applicant's symptoms, along with associated treatment goals. In this case, no clear treatment goals are discernible. The applicant's failure to return to any form of work implies a lack of functional improvement as defined in the guidelines despite the completion of prior therapy. Therefore, the request for twelve (12) sessions of physical therapy is not certified, on Independent Medical Review, for all the stated reasons.