MAXIMUS Federal Services

Case Number:	CM13-0070451		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2005
Decision Date:	04/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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:

In a Utilization Review Report of November 20, 2013, the claims administrator denied a request for nine sessions of physical therapy, stating that the attending provider did not provide any clear goals for further treatment. The applicant's attorney subsequently appealed. The claims administrator cited the MTUS Postsurgical Treatment Guidelines in its denial. In a physical therapy progress note of November 11, 2013, it stated that the applicant is off of duty for a few weeks as a high school counselor but apparently will return shortly. This issue is not elaborated upon. The applicant is right handed. Right shoulder strength is limited with flexion and abduction in the 125- to 140-degree range and 4 to 4-/5 strength noted. Additional physical therapy is sought. The applicant was noted to be on Ambien and Motrin at the time. It is noted that the applicant had a continuous passive motion device, at one point in time. It was stated that the applicant had completed 21 sessions of physical therapy in one section of the report and 23 sessions of physical therapy at the top of the treating therapist's note. An October 10, 2013 progress note is notable for comments that the applicant is having persistent shoulder pain. Range of motion is reportedly worse. It was stated that the applicant was working but was having problems doing certain work tasks. The applicant was given a 10-pound lifting limitation, which the applicant's employer is apparently accommodating.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As of the date of Utilization Review Report, November 20, 2013, the Postsurgical Treatment Guidelines were no longer applicable, contrary to what was suggested by the claims administrator, as the applicant was, as of that point in time, outside of the six-month postsurgical physical medicine treatment period established following arthroscopic shoulder surgery on May 10, 2013. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. Pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines do support active therapy, active modalities, and a general course of 9 to 10 sessions of treatment for myalgia and/or myositis of various body parts, the issue present here. In this case, the applicant has responded somewhat favorably to earlier treatment. She has returned to work as a school counselor, it appears, based on the information on file. She does have residual deficits. The patient does have element of shoulder stiffness and limited range of motion present, calling into question possible superimposed adhesive capsulitis. Additional physical therapy is therefore indicated, given the claimant's delayed recovery and slow response to earlier treatment. The nine-session course of treatment proposed by the attending provider does conform to MTUS parameters. The request for nine sessions of physical therapy for the right shoulder is medically necessary and appropriate.