

Case Number:	CM13-0072349		
Date Assigned:	01/08/2014	Date of Injury:	12/08/2011
Decision Date:	04/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 December 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier left shoulder surgery on June 13, 2013; and 24 sessions of postoperative physical therapy following said shoulder surgery. In a February 8, 2013 progress note, it is stated that the applicant last worked in February 2012 and is not currently working. A progress note of June 14, 2013 was notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. On October 11, 2013, it is again stated that the applicant was off of work, on total temporary disability. He reported multifocal leg, neck, upper back, and headaches, ranging from 5-7/10. The applicant states that he reportedly feels worse. 160 degrees of shoulder flexion was appreciated. Additional physical therapy was sought while the applicant was placed off of work. On October 23, 2013, the applicant was again 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 (PT) three (3) times a week for four (4) weeks: Upheld

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

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

Decision rationale: The 12 sessions of treatment, in and of them, would represent treatment in excess of the 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, the issue seemingly present here. In this case, the applicant has had earlier physical therapy during the post-operative phase of the injury. There was no demonstration of functional improvement which would support further treatment beyond the guideline. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various treatments, including office visits, medications, etc. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite extensive prior physical therapy. Therefore, the request for additional physical therapy is not certified, on Independent Medical Review.