

Case Number:	CM14-0004667		
Date Assigned:	01/22/2014	Date of Injury:	06/26/2013
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 June 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy of September 30, 2013; and 24 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report of December 30, 2013, the claims administrator denied a request for 12 additional sessions of physical therapy. The applicant subsequently appealed. A physical therapy note of December 24, 2013 was notable for comments that the applicant was improving with better active range of motion. It was suggested that the applicant had completed 15 sessions of postoperative therapy up through that point. A later physical therapy note of December 27, 2013, somewhat incongruously, stated that the applicant had only completed seven sessions of treatment through that point in time. A medical progress note of December 30, 2013 was notable for comments that the applicant reported persistent shoulder and elbow pain. The applicant was described as exhibiting 70 to 80 degrees of flexion and abduction. The applicant was placed off of work, on total temporary disability. Naprosyn and tramadol were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative treatment guidelines, shoulder.

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

Decision rationale: The 12-session course of treatment proposed here does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Guidelines for myalgias and myositis of various body parts. In this case according to the medical records provided for review, the applicant has had 24 prior sessions of physical therapy following earlier shoulder surgery. As noted on page 8 of the MTUS Chronic Pain Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, a December 30, 2013 progress note suggested that the applicant was still using analgesic medications, including Naprosyn and Tramadol. The applicant was off of work, on total temporary disability, as of that point in time and exhibited markedly limited shoulder range of motion with flexion and abduction in 70- to 80-degree range. All of the above, taken together, imply a lack of functional improvement. Continued physical therapy in the face of the applicant's failure to demonstrate functional improvement is not recommended. Therefore, the request is not medically necessary and appropriate.