

Case Number:	CM14-0012968		
Date Assigned:	02/24/2014	Date of Injury:	06/15/1999
Decision Date:	08/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

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 neck and shoulder pain reportedly associated with an industrial injury of June 15, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; antidepressant medications; transfer of care to and from various providers in various specialties; and MRI imaging of the shoulder of March 5, 2013, which is apparently negative for any full thickness rotator cuff tear. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for eight additional sessions of physical therapy. It was suggested that the applicant was off of work, on total temporary disability, despite having completed 12 prior sessions of physical therapy. Non-MTUS ODG Guidelines were cited in its decision to deny physical therapy, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a June 9, 2007 medical-legal evaluation, it was suggested that the applicant had initially alleged pain secondary to cumulative trauma at work. Permanent work restrictions were endorsed. It was stated that the applicant was not working, had embarked on vocational rehabilitation, and was a qualified injured worker. It was stated that the applicant had had a lengthy period of total temporary disability over the course of the claim. In a January 6, 2014 progress note, the applicant reported moderate severity bilateral wrist pain, ranging from 5-10/10. The applicant did have superimposed issues with depression, adjustment disorder, and anxiety disorder, it was suggested. The applicant was on Lexapro, Neurontin, Motrin, Norco, Pristiq, Truvada, Reyataz, Norvir, and Zestril. The applicant did have comorbid hepatitis C and was status post carpal tunnel release surgery, it was stated. It was stated that the applicant should consider massage therapy and/or physical therapy for his shoulder and hand. It was stated that the applicant was not a candidate for a functional restoration program. Physical therapy was apparently requested

through a request for authorization form dated January 13, 2014, in which one of the modalities requested included electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy right shoulder qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: One of the modalities seemingly been sought here includes electrical stimulation. However, as noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are recommended in the chronic pain phase of an injury as opposed to passive modalities such as the electrical stimulation seemingly being sought here. While the 8-session course of treatment seemingly being sought here is consistent with the 9- to 10-session course of treatment endorsed on 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement as various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled. The applicant remains highly reliant and highly dependent on a variety of analgesic and psychotropic medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS Definitions despite completion of the earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.