

Case Number:	CM14-0017826		
Date Assigned:	07/02/2014	Date of Injury:	03/30/2013
Decision Date:	08/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 shoulder pain reportedly associated with an industrial injury of March 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy and chiropractic manipulative therapy; MRI imaging of the injured shoulder, apparently notable for partial thickness rotator cuff tear; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for six sessions of physical therapy. In a case management note of November 8, 2013, it was suggested that the applicant was not working. This was not clearly outlined, however. On October 8, 2013, the applicant reported persistent complaints of shoulder pain associated with a partial thickness rotator cuff tear and/or impingement syndrome. A shoulder corticosteroid injection was performed under ultrasound guidance. In a work status report of August 20, 2013, it appeared that the applicant had been returned to regular work. A later work status report of September 18, 2013 also suggested that the applicant was working regular duty. In a handwritten note dated October 17, 2013, it was stated that the applicant had greatly improved following a shoulder corticosteroid injection and exhibited 5/5 muscle strength. Additional physical therapy was sought. Somewhat incongruously, the applicant was given a rather proscriptive 5-pound lifting limitation on this occasion. The applicant did exhibit full range of motion about the injured shoulder, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER ONLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The six-session course of treatment proposed, in and of itself, represents treatment in excess of the initial and followup visits recommended in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes. In this case, the applicant was described on an office visit of October 17, 2013 as greatly improved with full range of motion and 5/5 shoulder strength exhibited as of that point in time. It was not clearly stated why the applicant could not transition to regular duty work and/or independent home exercise program at that point in time, given the near-complete recovery in symptoms following the shoulder corticosteroid injection. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 suggests that it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goal. In this case, no clear treatment goal was proffered. The applicant's work and functional status were not clearly outlined. No rationale for further treatment in excess of ACOEM parameters was proffered by the attending provider. Therefore, the request was not medically necessary.