

Case Number:	CM14-0113699		
Date Assigned:	09/16/2014	Date of Injury:	12/13/2013
Decision Date:	10/27/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 low back, neck, leg, and shoulder pain reportedly associated with an industrial injury of December 13, 2013. Thus far, the applicant has been treated with analgesic medications; earlier open reduction and internal fixation of a humeral fracture; 30 sessions of physical therapy for the shoulder, per the claims administrator; and 24 sessions of physical therapy for the neck. In a utilization review report dated July 3, 2014, the claims administrator denied a request for additional physical therapy. A variety of non-MTUS and Official Disability Guidelines were invoked in the denial, along with the MTUS Postsurgical Treatment Guidelines, although it appeared that the applicant was outside of the postsurgical physical medicine treatment period as of the date of the request for authorization, June 30, 2014. The applicant's attorney subsequently appealed. In a June 26, 2014, progress note, the applicant was described as slightly better. The applicant's fracture was reportedly surgically reduced on December 19, 2013, it was stated. The applicant was 77 years old, it was acknowledged. Full range of motion was exhibited about the cervical spine with 160 degrees of flexion and abduction appreciated about the right shoulder. 5/5 shoulder strength was noted. 5-/5 right thigh, right lower extremity, and gastrocnemius strength was appreciated. The applicant did have issues with residual gait derangement and pitting edema, it is noted. The applicant was returned to regular duty work. It was stated that the applicant was able to perform full job duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for six weeks for the right shoulder, low back, right leg, neck:
Overturned

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

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

Decision rationale: The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery on December 19, 2013. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable as of the date the request for authorization (RFA) was received, June 30, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The six-session course of treatment sought does conform to the 9- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. The applicant had responded favorably to earlier treatment as evinced by the applicant's successful return to regular duty work. The applicant did have residual deficits in terms of gait derangement, slight limitation of shoulder motion, and lower extremity weakness which did warrant additional treatment during the chronic pain phase of the claim. Therefore, the request is medically necessary.