

Case Number:	CM14-0155138		
Date Assigned:	10/06/2014	Date of Injury:	02/28/2014
Decision Date:	12/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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 February 28, 2014. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for 12 sessions of physical therapy while approving a request for naproxen and Prilosec. The claims administrator stated that the applicant had had 12 sessions of physical therapy over the preceding four to five months. The claims administrator stated that it was basing its decision exclusively on non-MTUS-ODG Guidelines, which it mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. An earlier Utilization Review Report dated June 24, 2014 did approve six sessions of physical therapy as of that point in time, along with an orthopedic shoulder surgery consultation. In an August 15, 2014 progress note, the applicant reported ongoing complaints of moderate right shoulder pain, exacerbated by lifting and reaching activities. 4-5/5 right shoulder strength is appreciated with relatively well-preserved flexion and abduction in the 150-degree range noted. MRI imaging of the shoulder demonstrated signal changes within the rotator cuff. The applicant was given diagnoses of shoulder impingement syndrome and acromioclavicular joint osteoarthritis. The applicant was returned to regular duty work. It was stated that the applicant should pursue physical therapy for range of motion, strengthening, and modality purposes. The applicant reportedly denied a corticosteroid injection.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has already returned to regular duty work. The applicant retains relatively well-preserved range of motion and strength about the injured shoulder. The applicant should, thus, be capable of transitioning to a home exercise program without the lengthy formal course of physical therapy proposed by the attending provider, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.