

Case Number:	CM14-0174568		
Date Assigned:	10/28/2014	Date of Injury:	06/01/2011
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; transfer of care to and from various providers in various specialties; and cervical epidural steroid injection therapy. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for 12 sessions of physical therapy. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a June 26, 2014 progress note, the applicant reported ongoing complaints of neck, low back, hand, wrist, and shoulder pain. The applicant was status post left and right carpal tunnel release surgeries, it was noted. The applicant was asked to continue Mobic and tramadol while remaining off of work, on total temporary disability. On August 11, 2014, the applicant again placed off of work, on total temporary disability. Mobic, Tylenol, and tramadol were endorsed. It was stated that the applicant was a candidate for further interventional spine procedures. On September 24, 2014, the applicant was again placed off of work, on total temporary disability. Norco and Voltaren were endorsed on this occasion. The applicant was apparently asked to pursue further physical therapy. The applicant was given handicap permit on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for The Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Management Page(s): 99, 8.

Decision rationale: The 12-session of course of treatment proposed, in and of itself, represents treatment in excess of 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 diagnosis reportedly present here. It is further noted that 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 some demonstration of functional improvement at various milestones in the treatment program in order justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains highly dependent on a variety of analgesic and adjuvant medications, including Ultram, Mobic, etc. The applicant was given a handicap placard on August 11, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.