

Case Number:	CM14-0023745		
Date Assigned:	06/13/2014	Date of Injury:	12/28/2010
Decision Date:	07/21/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/25/2014

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 neck and shoulder pain reportedly associated with an industrial injury of December 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for 12 sessions of physical therapy. Non-MTUS Third Edition ACOEM guidelines and non-MTUS ODG Guidelines were cited in the denial, although the claims administrator did not, it is incidentally, incorporated either guideline into its rationale. The applicant's attorney subsequently appealed. In a November 15, 2013, progress note, the applicant presented with persistent shoulder and neck pain. The applicant had associated tenderness to touch about the scapula, but did exhibit well-preserved shoulder range of motion with flexion and abduction in 180-degree range. Additional physical therapy was sought. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was, in fact, working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER INCLUDING BICEPS, SCAPULA AND RHOMBOIDS 2 TIMES A WEEK FOR 6 WEEKS AS AN OUT-PATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The 12-session course of treatment proposed here, in and of itself, represents treatment in excess of the 9 to 10 sessions course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. In this case, no justification for treatment in excess of the MTUS parameters was provided. It is further noted that the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 48 state that it is incumbent upon attending provider to furnish a clear prescription for physical therapy, which clearly outlines treatment goals. In this case, however, the attending provider has not clearly furnished or outlined treatment goals for such as a protracted course of therapy at this late date, several years removed from the date of injury. Therefore, the request is not medically necessary.