

Case Number:	CM14-0037523		
Date Assigned:	06/25/2014	Date of Injury:	09/27/2013
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 has filed a claim for shoulder and upper arm pain reportedly associated with an industrial injury of September 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; nine sessions of physical therapy, per the claims administrator; and reported return to regular duty work. A May 15, 2014 progress note was notable for comments that the applicant reported persistent complaints of shoulder pain, particularly with reaching overhead. The applicant was able to manage performance of regular duty work without too much difficulty. 160 to 170 degrees of shoulder range of motion was noted with grip strength consistently measured as over 110 pounds. Six sessions of physical therapy and regular duty work were endorsed. In an earlier note of January 2, 2014, the attending provider sought authorization for six sessions of physical therapy. The applicant was reporting 0-3/10 pain. The attending provider stated that the applicant was able to lift articles weighing up to 50 pounds and mow his lawn without difficulty. The applicant was able to go to grocery store and perform hiking. 160 degrees shoulder range of motion was noted with 5/5 upper extremity strength appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 1-2 times a week times 6-12 weeks to right shoulder.: 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 applicant had already had prior treatment (at least nine sessions), seemingly consistent with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The additional treatment proposed here would, in and of itself, represent further treatment in excess of MTUS parameters. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, tapering or fading of frequency of treatment over time, and self-directed home physical medicine. In this case, the applicant was/is capable of returning to regular work and was/is possessed of near normal to normal range of motion and well-preserved upper extremity strength. All of the above, taken together, suggests that the applicant is capable of transitioning to a home exercise program without the lengthy formal course of physical therapy proposed by the attending provider, just as the applicant has already returned to regular duty work. Therefore, the request is not medically necessary.