

Case Number:	CM14-0084923		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2012
Decision Date:	11/07/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 bilateral shoulder pain reportedly associated with an industrial injury of May 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a utilization review report dated May 12, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy to the bilateral shoulders as 8 sessions of physical therapy to the same. The claims administrator seemingly implied that there was some dispute as to whether or not these body parts had been administrated because they are compensable by the claims administrator. The applicant's attorney subsequently appealed. In a May 6, 2013, progress note, the applicant reported persistent complaints of left shoulder and left knee pain, reportedly attributed to cumulative trauma at work. The applicant reportedly had comorbidities including rheumatoid arthritis. The applicant was placed off of work, on total temporary disability. MRI imaging of multiple body parts, including the injured knee and injured shoulder, was sought. In an April 24, 2014, progress note, the applicant again reported multifocal bilateral feet, bilateral ankle, bilateral shoulder, and left hip pain. The attending provider acknowledged that many of the body parts at issue were not compensable. 12 sessions of physical therapy were sought for the injured shoulder. The applicant's work status was not stated on this occasion. In a September 19, 2013, progress note, the applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was working or not with said limitation in place. On June 26, 2013, the applicant was again placed off of work, on total temporary disability. On November 14, 2013, the applicant again presented with multifocal knee, hip, and shoulder pain complaints. Flector patches and Synvisc injections were endorsed, along with self-directed

stretching and strengthening exercises. On this occasion, it was stated that the applicant was returned to unrestricted work, although it was not clearly evident or apparent whether or not the applicant was working at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 myalgia and myositis of various body parts, the issue reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue with active self-directed home physical medicine as an extension of the treatment process. In this case, it was not clearly stated why the applicant could not continue self-directed home physical medicine, stretching, home exercises, etc., on or around the date in question, April 24, 2014. On that date, the applicant exhibited full range of motion about both the right shoulder and the left and right knees. It was also suggested that the applicant could perform self-directed stretching and strengthening exercises. An earlier progress note of November 2013 suggested that the applicant had been advanced to regular duty work. All the foregoing, taken together, suggests that the applicant was/is capable of transitioning to self-directed home physical medicine as an extension of the treatment process, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for 12 sessions of physical therapy is not medically necessary.