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| Case Number: | CM13-0019746 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 04/09/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 April 1, 2013. In a Utilization Review Report dated August 22, 2013, the claims administrator denied request for six sessions of physical therapy, noting that the applicant had completed 12 sessions of physical therapy through this point in time. The MTUS Guideline in ACOEM Chapter 9 was cited. The applicant's attorney subsequently appealed. In an August 15, 2013 progress note, the applicant reported ongoing complaints of shoulder pain after having completed 12 sessions of physical therapy. The applicant had had shoulder MRI imaging of July 26, 2013 demonstrating a partial-thickness bursal surface infraspinatus tendon tear superimposed on issues with severe tendinosis. The applicant was apparently working with limitations in place but stated that her employer would no longer accommodate her at work beyond the end of the week. 170-180 degrees of shoulder range of motion was appreciated bilaterally, despite discomfort. 5/5 strength was also appreciated. Additional physical therapy and a 5-pound lifting limitation were endorsed. It was stated that the applicant was not a surgical candidate. In an earlier progress note dated August 8, 2013, the applicant was again given the same 5-pound lifting limitation. 5/5 shoulder strength and 170-180 degrees of shoulder flexion and abduction were appreciated, despite some discomfort appreciated. On July 12, 2013, a 5-pound lifting limitation was again renewed. The attending provider stated that the applicant did not feel she could perform lifting work beyond the 5-pound lifting limitation. Additional physical therapy was sought on this date as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X3 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): Table 9-3, page 204; 48.

Decision rationale: The applicant had already had prior treatment (12 sessions, per the claims administrator), seemingly well in excess of the initial and follow-up visits endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes. While additional treatment beyond MTUS parameters could have been supported provided there was a prescription for physical therapy which clearly stated treatment goals, as suggested in MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, in this case, however, the requesting provider's prescription for further treatment did not clearly outline treatment goals, state what was sought, and/or state what was expected with further therapy. The applicant has failed to demonstrate any lasting benefit or functional improvement with earlier physical therapy treatment. The same, unchanged 5-pound lifting limitation was endorsed on multiple office visits, referenced above, throughout July and August 2013. There was not, in short, clear or compelling evidence of functional improvement as defined in MTUS 9792.20f so as to support additional treatment beyond ACOEM parameters. It was not clearly outlined how (or if) further physical therapy could advance the applicant's activity level. Therefore, the request was/is not medically necessary.