

<b>Case Number:</b>	CM14-0170274		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 chronic shoulder pain reportedly associated with an industrial injury of May 1, 2009. In a Utilization Review Report dated October 3, 2014, the claims administrator denied 12 sessions of physical therapy and conditionally denied or delayed urine toxicology testing. The claims administrator stated that its decision was based on a September 15, 2014 progress note. Non-MTUS ODG Guidelines and MTUS Guidelines were cited in the denial. The applicant's attorney subsequently appealed. In a progress note dated November 27, 2013, the applicant reported ongoing complaints of neck and shoulder pain status post earlier shoulder arthroscopy. 7-8/10 pain was noted. The applicant was placed off of work. In a November 12, 2014 orthopedic consultation, the applicant reported having received prior right and left shoulder surgery as well as multiple corticosteroid injections. The applicant was not working and was receiving Workers' Compensation indemnity benefits. Multifocal complaints of neck, shoulder, elbow, wrist, hand, upper back, lower back, hip, knee, and foot pain were reported, with derivative complaints of psychological stress, anxiety, and dyslipidemia. The applicant's orthopedist suggested that he needed to review the applicant's records and that he deferred any definitive opinion on work status and/or work restrictions to the primary treating provider. In an October 16, 2014 progress note, the applicant reported ongoing complaints of neck and bilateral shoulder pain, 5/10. The applicant was on Norco, Flexeril, and Tramadol. The applicant was placed off of work, on total temporary disability. The applicant had multiple tender points and trigger points evident. On September 18, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, and mid back pain. The applicant was still using Norco, Flexeril, tramadol, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Sessions of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) Official Disability Guidelines Physical Therapy Therapy Guidelines

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

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation, furthermore, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite having earlier unspecified amounts of physical therapy. The applicant remains dependent on opioid agents such as Norco, Flexeril, and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.