

Case Number:	CM14-0186594		
Date Assigned:	11/20/2014	Date of Injury:	08/30/2013
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 30, 2013. In a Utilization Review Report dated October 29, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of physical therapy. The claims administrator invoked both MTUS and non-MTUS Guidelines in its partial approval/partial denial. The applicant's attorney subsequently appealed. In the Independent Medical Review application, the applicant's attorney stated that he was only appealing the six sessions of physical therapy withheld by the claims administrator. In an October 8, 2014 progress note, the applicant reported ongoing complaints of shoulder, right knee, left knee, and cervical spine pain. Popping and swelling were appreciated about the knees. The applicant stated that he had not seen much improvement with earlier physical therapy involving the right shoulder. The applicant stated that his left shoulder had improved following earlier injection therapy. A 10-pound lifting limitation was endorsed. 140 degrees of right shoulder flexion and abduction with 4/5 shoulder strength was appreciated. Cervical MRI imaging, right shoulder MRI imaging, bilateral knee MRI imaging, upper extremity electrodiagnostic testing, and 12 sessions of physical therapy were sought. The applicant was apparently asked to continue permanent work restrictions imposed by a medical-legal evaluator. It did not appear that the applicant was working with said limitations in place. In a July 22, 2014 Medical-legal Evaluation, the medical-legal evaluator suggested imposition of a 10-pound limitation. It did not appear that the applicant was 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:

Physical therapy 2 times 6 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2014, Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Functional Restoration Approach to Chronic Pain Management section Page(.

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 myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider wrote on an October 8, 2014 progress note, referenced above, that the applicant had not had improvement with earlier physical therapy involving the shoulder. Physical impairment in terms of range of motion and strength was appreciated on that date. The applicant's work status and work restrictions were unchanged from visit and visit. Permanent work restrictions imposed by a medical-legal evaluator were renewed on this date. Shoulder MRI imaging was sought on October 8, 2014, it was further noted. All of the foregoing, taken together, suggests that earlier physical therapy treatment was in fact, ineffectual in terms of the functional improvement parameters established in MTUS Guidelines. Therefore, the request for additional physical therapy is not medically necessary.