

Case Number:	CM14-0198757		
Date Assigned:	12/09/2014	Date of Injury:	07/21/2013
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 low back and shoulder pain reportedly associated with an industrial injury of July 21, 2013. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for six sessions of physical therapy. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported ongoing complaints of back and shoulder pain. The applicant was not working, it was acknowledged. The note was very difficult to follow and mingled historical complaints with current complaints. The applicant was apparently using Nucynta for pain relief, it was stated in one section of the note. The applicant had apparently undergone an arthroscopic subacromial decompression procedure, labral debridement, and Mumford procedure on March 31, 2014. The applicant was still off of work and had completed 16 to 17 sessions of physical therapy through July 8, 2014, it was suggested. In another section of the note, the applicant's medications were described as including Norco, Nucynta, and Ambien. The applicant's range of motion was 90% of normal. Mild to moderate tenderness and mild weakness were noted. Additional therapy was endorsed while the applicant was placed off of work, on total temporary disability. On August 4, 2014, the applicant was asked to continue with postoperative physical therapy. The applicant was using Nucynta and Ambien for pain relief, it was suggested. The applicant had ancillary complaints of low back pain. The applicant was obese, with a BMI of 31. The applicant was again placed off of work, on total temporary disability. On August 25, 2014, the applicant was again placed off of work, on total temporary disability, while additional physical therapy was sought. The applicant was using Norco, Nucynta, and Ambien for pain relief. The applicant was not working, it was reiterated. The note, as with several others, was extremely difficult to follow and mingled historical complaints with current complaints. On October 10, 2014, the applicant was returned to regular duty work.

The applicant's shoulder surgeon noted that the applicant exhibited good shoulder range of motion and full shoulder strength with only mild tenderness to touch. The applicant was apparently still using Norco, Nucynta, and Ambien. The applicant's shoulder surgeon stated that his shoulder issues had resolved and that the applicant could return to regular duty work insofar as the shoulder complaints were considered. The applicant was, however, off of work, per his primary treating provider, owing to issues with other body parts. In a November 6, 2014 RFA form, an additional eight sessions of physical therapy were sought for the shoulder. In a progress note dated December 6, 2014, the applicant was placed off of work, on total temporary disability, insofar as his lumbar spine was concerned. The applicant was using Norco, Nucynta, and Ambien. The applicant was described as continuing to do well insofar as the shoulder was concerned. The applicant was to continue home exercises for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request in question was initiated on November 6, 2014, i.e., outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery on March 31, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapy at home as an extension of the treatment process. Here, the applicant's shoulder surgeon noted on multiple office visits, referenced above, that the applicant had minimal to no residual impairment about the injured shoulder. On a progress note of October 10, 2014 (i.e. before the date of the RFA form, November 5, 2014), the applicant was described as doing very well with regard to his shoulder. The applicant was returned to regular duty insofar as his shoulder was concerned. The applicant exhibited full range of motion and full strength about the injured shoulder on that date. On December 5, 2014 the applicant's primary treating provider likewise noted that the applicant was doing very well insofar as the shoulder was concerned and was capable of performing home exercises involving the injured shoulder. Thus, the reports of both the applicant's shoulder surgeon and the primary treating provider suggested that the applicant had effected a near-full recovery insofar as the injured shoulder was/is concerned and should, thus, be capable of transitioning to self-directed home physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.