

Case Number:	CM14-0208211		
Date Assigned:	12/22/2014	Date of Injury:	02/03/2010
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 February 3, 2010. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy for the shoulder. The claims administrator alluded to the applicant's having had 30 sessions of physical therapy following an earlier shoulder surgery of April 30, 2014. The claims administrator referenced a progress note dated November 21, 2014 in its determination. The applicant's attorney subsequently appealed. On said November 21, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain, moderate in intensity. The applicant was using Percocet and Motrin for pain relief. The applicant was doing exercise of her own accord. The applicant exhibited 4- to 4/5 shoulder strength with 160 degrees of flexion and abduction appreciated. Additional supervised physical therapy was sought. The applicant already had permanent work restrictions in place. The applicant was asked to consider acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 4 weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Shoulder (updated 10/31/14)

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 applicant has had prior treatment (30 sessions, per the claims administrator), seemingly 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 diagnoses reportedly present here. While it is acknowledged that not all of these treatments necessarily transpired during the chronic pain phase of the claim, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, permanent work restrictions have already been imposed. The applicant does not appear to be working with said limitations in place. The applicant remains dependent on Percocet and Motrin, despite having completed 30 sessions of physical therapy. Some residual shoulder impairment in terms of both range of motion and strength was evident on the November 21, 2014 office visit, referenced above. All of the foregoing, taken together, suggested that the applicant has, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20f. Therefore, the request for additional physical therapy is not medically necessary.