

<b>Case Number:</b>	CM14-0208570		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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] who has filed a claim for shoulder pain reportedly associated with an industrial injury of August 16, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve a request for nine sessions of physical therapy for the shoulder. The claims administrator stated in its determination that there was no concrete evidence that the applicant had had shoulder surgery. On April 8, 2014, the applicant was apparently seen in the Emergency Department for reported opioid withdrawal. On September 11, 2014, the applicant's orthopedist performed a shoulder corticosteroid injection. The applicant was reportedly using Motrin, Norco, and Percocet as of that point in time and was not working, it was acknowledged. In a work status report dated November 17, 2014, the attending provider endorsed a rather proscriptive 5-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitations in place. Per the claims administrator's medical records index, the November 17, 2014 work status report was the most recent note on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xWk x 3Wks right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic.Functional Restoration Approach to Chronic Pain Management section..

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, 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, the applicant is not working. A rather proscriptive 5-pound lifting limitation remains in place. The applicant remains dependent on medications such as Norco and Percocet. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f needed to justify continuation of treatment. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 notes that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, the November 17, 2014 work status report did not clearly outline or clearly state treatment goals. It was not clearly stated why such a lengthy, protracted course of physical therapy was being sought so late in the course of treatment, given the seemingly unfavorable response to earlier treatment. Therefore, the request was not medically necessary.