

Case Number:	CM14-0038363		
Date Assigned:	06/25/2014	Date of Injury:	02/20/2013
Decision Date:	01/02/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 neck and bilateral shoulder pain reportedly associated with an industrial injury of February 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; 18 sessions of physical therapy, per the claims administrator; 12 sessions of acupuncture; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated March 18, 2014, the claims administrator failed to approve a request for an additional six sessions of physical therapy for the shoulder. No guidelines were seemingly incorporated into the reported rationale. The claims administrator stated that its decision was based on January 14, 2014, progress note and RFA form of January 22, 2014. On January 14, 2014, the applicant reported ongoing complaints of shoulder pain reportedly attributed to cumulative trauma at work. The applicant had issues with AC joint osteoarthritis, tendon rupture, partial thickness rotator cuff tearing, it was acknowledged. The applicant was working, it was stated, with some restrictions in place, although the applicant posited that she was essentially doing her usual and customary job duties. The applicant exhibited 180 degrees of shoulder flexion bilaterally with 5/5 bilateral upper extremity strength appreciated. Acupuncture and regular duty work were endorsed. It appears that physical therapy was also sought via a handwritten RFA form/work status report of January 14, 2014. No accompanying rationale was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for the bilateral shoulder QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

Decision rationale: The applicant has, per the claims administrator, had prior treatment (18 sessions) seemingly well in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the issue reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at issues as an extension of the treatment process so as to maintain improvement levels. Here, the applicant has already returned to regular duty work. The applicant was described as possessed of well preserved, 5/5 bilateral upper extremity strength and well preserved bilateral shoulder range of motion on a January 14, 2014 office visit, on which the article in question was sought. It is further noted that the MTUS Guidelines in ACOEM Chapter 3, page 48 also stipulates that it is incumbent upon a requesting provider to furnish the prescription for therapy which "clearly states treatment goals." Here, however, clear treatment goals were not clearly outlined. It is not clear why the applicant cannot successfully transition to a home exercise program, just as she has already returned to regular duty work. There was no mention made of need for further formal physical therapy in the January 14, 2014 narrative report. Therefore, the request is not medically necessary.