

Case Number:	CM14-0039160		
Date Assigned:	06/27/2014	Date of Injury:	08/07/2013
Decision Date:	01/20/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 shoulder pain reportedly associated with an industrial injury of August 7, 2013. In a Utilization Review Report dated March 4, 2014, the claims administrator denied a request for six sessions of physical therapy for the shoulder, noting that the applicant had had 30 prior sessions of physical therapy. ACOEM was cited. The claims administrator stated that its decision was based on progress notes of August 7, 2013 and February 5, 2014. The applicant's attorney subsequently appealed. A shoulder MRI imaging dated November 26, 2013 was notable for a non-displaced, comminuted, intraarticular fracture of the humeral head without evidence of full thickness rotator cuff tear or labral tear. In a work status report dated January 8, 2014, the applicant was given a 20-pound lifting limitation. It was not evident whether the applicant was working or not with said limitation in place. In a progress note dated January 8, 2014, it was stated that the applicant's range of motion was slowly improving. 145 degrees of flexion and abduction was appreciated while the applicant was given a 20-pound lifting limitation. Additional physical therapy was sought. On February 12, 2014, the applicant reported ongoing complaints of shoulder pain. 150 degrees of flexion and abduction were appreciated. Six additional sessions of physical therapy were sought. Work restrictions were again endorsed. Once again, it was not clearly outlined whether the applicant was or was not working as a pipefitter with said limitations in place. The latter of the limitations suggested on this date were not provided, although it did not appear that limitations were changed as compared to the prior note of January 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section, 979.

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 issue reportedly present here. While it is acknowledged that all of the treatments which transpired did not necessarily occur in the chronic pain phase of the claim, this recommendation, however, is 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, however, the attending provider did not establish the presence of ongoing improvement with the 30 prior sessions of physical therapy. The applicant's work status and work restrictions were seemingly unchanged from visit to visit. It was not clearly stated whether the applicant was or was not working with limitations in place. The applicant's range of motion was likewise described as plateauing on several office visits, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy seemingly already in excess of the MTUS parameters. Therefore, the request is not medically necessary.