

<b>Case Number:</b>	CM15-0106828		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, New York, 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 51-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 13, 2012. In a utilization review report dated May 27, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced an RFA form received on May 19, 2015 and an associated progress note on May 18, 2015 in its determination. The applicant had undergone shoulder surgery on November 7, 2014, the claims administrator maintained. Despite the fact that the applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792. 24. 3, following reported shoulder surgery on November 7, 2014, the claims administrator nevertheless invoked the MTUS Postsurgical Treatment Guidelines. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was asked to follow up with a surgeon. Postoperative physical therapy and oral ketoprofen were endorsed. The applicant was placed off of work, on total temporary disability. The claims administrator's medical evidence log suggested that the December 8, 2014 progress note in fact represented the most recent note on file; thus, the May 18, 2015 RFA form and associated progress note invoked by the claims administrator were not seemingly incorporated into the independent medical review (IMR) packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions for left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represents treatment 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 diagnosis reportedly present here. This recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is needed at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's response to earlier treatment was not clearly detailed or characterized. The May 18, 2015 progress note and associated RFA form made available to the claims administrator were not incorporated into the IMR packet. The applicant's response to earlier treatment, work status, and functional status were unknown. Similarly, the MTUS Guideline in ACOEM Chapter 3, page 48 further notes that it is incumbent upon attending provider to furnish a prescription for physical therapy which "clearly states treatment goals. " Here, clear treatment goals were not stated, formulated, or made available as the May 18, 2015 RFA form and associated progress note on which the article in question was proposed were not incorporated into the IMR packet. Therefore, the request was not medically necessary.