

Case Number:	CM15-0130563		
Date Assigned:	07/16/2015	Date of Injury:	12/05/2014
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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 31-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 5, 2014. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for additional physical therapy for the shoulder. The claims administrator referenced an RFA form received on June 12, 2015, along with an associated progress note of June 9, 2015 in its determination. The claims administrator contended that the applicant had already had 12 to 18 sessions of physical therapy through the date of the request. The claims administrator then stated, in another section of its note, that the applicant had already had 18 sessions of physical therapy to date and framed the request as a request for 12 additional sessions of physical therapy. The applicant's attorney subsequently appealed. In a June 16, 2015 pain management note, it was acknowledged that the applicant was receiving physical therapy through this point in time. The treating provider posited that physical therapy had been beneficial. The applicant was on Percocet, Neurontin, Zanaflex, Topamax, Prilosec, and Naprosyn, it was reported. The applicant was placed off of work, on total temporary disability. Trigger point injections were performed. A TENS unit was sought. The applicant was asked to continue outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for an additional 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 12 sessions of physical therapy 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/or myositis of various body parts, i.e., the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date of the request, June 16, 2015. The applicant remained dependent on various other forms of medical treatment to include opioid agents such as Percocet, adjuvant medications such as Neurontin and Topamax, muscle relaxants such as Zanaflex, trigger point injections, etc. It did not appear, in short, that the applicant had profited appreciably from receipt of an earlier 12 to 18 sessions of physical therapy in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.