

Case Number:	CM15-0190552		
Date Assigned:	10/02/2015	Date of Injury:	01/14/2015
Decision Date:	11/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 61-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 14, 2015. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy for the shoulder. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 15, 2015 the applicant reported ongoing complains of low back, wrist, knee, and shoulder pain. Pain management consultation was endorsed. 18 sessions of physical therapy were sought. The applicant's works status was not clearly stated. Physical findings involving the shoulder were not discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6wks for the left shoulder Qty: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 18 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment at issue, in and of, itself represented treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias or myositis of various body parts, i.e., the diagnosis reportedly present here. This recommendation, moreover, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon the attending provider to furnish a prescription for therapy, which clearly states treatment goals. Here, the claimant's work status, functional status and response to earlier treatment were not clearly described or characterized on August 13, 2015. The attending provider did not state how further physical therapy could advance the applicant's activity level and/or day-to-day functionality. Therefore, the request was not medically necessary.