

Case Number:	CM15-0196619		
Date Assigned:	10/12/2015	Date of Injury:	10/31/2012
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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 [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 31, 2012. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for bilateral shoulders. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence file, however, suggested that the sole note on file was dated April 21, 2015. Thus, the September 23, 2015 office visit the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On said April 21, 2015, the applicant reported ongoing complaints of shoulder, neck, low back, and jaw pain. The applicant was on Desyrel and Zestril, it was stated in one section of the note and was reportedly using Suboxone, it was stated in another section of the note. The applicant was given a prescription for Motrin. Physical therapy was endorsed. It was acknowledged that the applicant was not working with rather proscriptive 15-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 times a week for 6 weeks, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: No, the request for an additional 12 sessions of physical therapy for the bilateral shoulders is not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. A clear rationale for treatment beyond the MTUS parameters was not seemingly furnished. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy increases with a prescription for treatment, which “further states treatment goals.” Here, however, the September 23, 2015 office visit on which the article in question was proposed was not incorporated into the IMR packet. By definition, clear treatment goals were neither stated nor formulated. Therefore, the request is not medically necessary.