

Case Number:	CM15-0207380		
Date Assigned:	10/26/2015	Date of Injury:	02/26/2014
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/21/2015

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 38-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 26, 2014. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve a request for 16 sessions of physical therapy. The claims administrator referenced a September 3, 2015 office visit in its determination. The claims administrator did issue a partial approval of two additional sessions of physical therapy. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery on September 12, 2014, i.e., approximately one year prior. The applicant had had at least 24 sessions of physical therapy, the treating provider acknowledged and had received corticosteroid injection therapy, Norco, and Naprosyn, it was reported. Shoulder MRI imaging, additional physical therapy, and a pain management consultation were endorsed. The applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 8 weeks: 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): Introduction, Physical Medicine.

Decision rationale: No, the request for 16 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of September 12, 2014 as of the date of the request, September 3, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 16-session course of treatment at issue, however, 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 operating diagnosis here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is required at various milestones in the 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 the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, the fact that shoulder MRI imaging had been ordered on September 3, 2015 following receipt of 24 prior physical therapy treatments, coupled with the fact that the applicant's work status was not clearly reported, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical therapy through the date of the request. Clear treatment goals for further therapy, going forward, were not outlined. It was not clearly stated or clearly articulated how (or if) the applicant could stand to gain from further treatment, going forward. Therefore, the request is not medically necessary.