

Case Number:	CM15-0209689		
Date Assigned:	10/28/2015	Date of Injury:	04/16/2014
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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] who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 16, 2014. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. The claims administrator referenced an October 5, 2015 office visit in its determination. The claims administrator suggested that the applicant had undergone earlier shoulder surgery on March 19, 2015. The applicant's attorney subsequently appealed. On October 5, 2015, the applicant reported ongoing issues with shoulder and neck pain. The applicant was working as a cook, the treating provider reported. Overall commentary was sparse. Twelve additional sessions of physical therapy were sought for strengthening purposes. The applicant's muscle strength and range of motion were not, however, seemingly quantified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder, 12 visits: Upheld

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

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

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the 6- month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of March 19, 2015 as of the date of the request, October 5, 2015. The MTUS Postsurgical Treatment Guidelines were/are therefore applicable. The 12-session course of treatment at issue, in and of itself, however, 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 diagnoses reportedly present here. this recommendation is further qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and expected to continue home exercise program as an extension of the treatment process in order to maintain improvement levels and by commentary made on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the frequency of treatment should be tapered over time as claimants are transitioned to self-directed, home-based physical medicine. Here, the claimant had apparently returned to work as a cook, the treating provider reported on the date in question, October 5, 2015. Little-to-no discussion of the claimant's residual functional deficits as of that date (if any) transpired. It was not clearly stated why the claimant could not transition to self-directed home-based physical medicine without the lengthy formal course of therapy at issue. Therefore, the request was not medically necessary.