

Case Number:	CM15-0021042		
Date Assigned:	02/10/2015	Date of Injury:	05/20/2008
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 shoulder pain reportedly associated with an industrial injury of May 20, 2008. In a Utilization Review Report dated January 15, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as eight sessions of the same. The claims administrator referenced a December 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 20, 2014, the applicant reported persistent complaints of elbow and shoulder pain, 7/10. Physical therapy was reportedly pending. Twelve sessions of physical therapy were again endorsed. The applicant was given a primary diagnosis of elbow epicondylitis. The applicant's work status was not clearly articulated. On January 9, 2014, the applicant was placed off of work, on total temporary disability, owing to issues with elbow pain, wrist pain, shoulder pain, and alleged thoracic outlet syndrome. Physical therapy for the right upper extremity and a gastroenterology consultation were endorsed. The applicant was previously placed off of work, on total temporary disability, via an earlier note dated April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for for six weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: No, the request for 12 additional physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of unspecified amounts of prior physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite receipt of the same. No clear goals for further physical therapy were established. It was not clearly stated or clearly established how (or if) the applicant could profit from further physical therapy, given the seemingly failure of earlier treatment. Therefore, the request was not medically necessary.