

Case Number:	CM15-0026871		
Date Assigned:	02/19/2015	Date of Injury:	06/10/2014
Decision Date:	04/09/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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 40-year-old [REDACTED] beneficiary who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review Report dated January 14, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy as six sessions of the same. A January 5, 2015 progress note and the MTUS Chronic Pain Medical Treatment Guidelines were referenced in the determination. The stated diagnoses were shoulder proximal humeral fracture and adhesive capsulitis. The applicant's attorney subsequently appealed, seeking the full 12 sessions of physical therapy at issue. In a November 17, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant exhibited limited range of motion about the injured shoulder. The applicant was asked to pursue physical therapy for adhesive capsulitis and fracture of the proximal humerus. The applicant was given a seeming proscriptive 2-pound lifting limitation. It was not clearly established whether the applicant was or was not working with said limitations in place. In a January 5, 2015 progress note, the applicant was placed off of work, on total temporary disability. A shoulder corticosteroid injection was endorsed. Limited shoulder range of motion was again appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present 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 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. The applicant's work status appears to be trending unfavorably. The applicant was previously given a 2-pound lifting limitation in late 2014. Again, on January 5, 2015, the applicant was placed off of work, on total temporary disability. The applicant did not appear to be improving in terms of reduced physical impairment, it was further noted. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.