

Case Number:	CM15-0220936		
Date Assigned:	11/16/2015	Date of Injury:	08/14/2015
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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 shoulder and mid back pain reportedly associated with an industrial injury of August 14, 2015. In a Utilization Review report dated November 5, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy, Celebrex, and Flexeril. An October 6, 2015 office visit was referenced in the determination. The applicant and/or applicant's attorney subsequently appealed. On said October 6, 2015 office visit, the applicant reported issues with shoulder pain, 6/10. The applicant had had prior physical therapy, the treating provider acknowledged, which had reportedly proven beneficial. The treating provider contended that previous usage of Motrin had proven unsuccessful. The applicant exhibited full range of motion about the injured shoulder with elevation to 180 degrees, the treating provider reported. The applicant was given diagnoses of shoulder and trapezius tear. 12 sessions of physical therapy, Celebrex and Flexeril were all endorsed. The applicant did exhibit 5/5 rotator cuff strength, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left shoulder 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented well in excess of the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transitioning purposes. Here, it was not clearly stated why such a lengthy, protracted course of therapy well in excess of the MTUS parameters was sought, particularly in the light of the fact that the applicant was described on October 6, 2015 as exhibiting well preserved upper extremity grip strength, normal shoulder range of motion, and only mild muscular pain complaints. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that the value of physical therapy increases with prescriptions for the same, which clearly states treatment goals. Here, the treating provider's request for the lengthy, protracted 12-session course of treatment at issue was at odds with the relatively minor nature of the applicant's impairment present on or around the date in question, October 6, 2015. Therefore, the request was not medically necessary.

Celebrex 200 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request for Celebrex, an NSAID medication, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212, NSAIDs such as Celebrex are recommended in the evaluation and management of the applicants with shoulder pain complaints, as were/are present here on or around the date in question, October 6, 2015. The attending provider stated on the date the previously prescribed Motrin had proven ineffectual. Introduction of the Celebrex was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Flexeril 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Conversely, the request for Flexeril, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212, muscle relaxants such as Flexeril are deemed not recommended in the evaluation and management of the applicants with shoulder pain complaints, as were/are present here. While the MTUS Guideline in ACOEM Chapter 3, page 47 does qualify the unfavorable ACOEM position on muscle relaxants by noting that muscle relaxants have been shown to be useful anti-spasmodics, here, however, there was no mention of the applicant's experiencing issues with muscle spasms present on or around the date in question, October 6, 2015. Therefore, the request was not medically necessary.