

Case Number:	CM15-0046873		
Date Assigned:	03/19/2015	Date of Injury:	08/31/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 41 year old female who sustained an industrial injury on 8/31/11 involving reaching for a material and felt a popping sensation in her shoulder. She currently complains of left shoulder pain. Medications include Advil, etodolac and naproxen. Diagnoses include tendinitis and/or tenosynovitis of the shoulder region; chronic pain syndrome with sleep and mood disorder; shoulder joint pain; right and left shoulder impingement; diffuse regional myofascial pain. Treatments to date include rest, medications, physical therapy and left shoulder injection without relief of symptoms. In the progress note dated 11/17/14 the treating provider recommended physical therapy evaluation and pain psychology due to chronic pain. In the progress note dated 1/9/15 the treating provider's plan of care included a pain management plan incorporating chronic pain physical therapy and chronic pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 08/31/2011 and presents with chronic left shoulder and chronic right shoulder pain. The request is for PHYSICAL THERAPY. There is no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient has had any prior physical therapy sessions. MTUS Chronic Pain Medical Treatment Guidelines page 98 and 99 have the following: physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines pages 98 and 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater does not specify how many sessions of physical therapy are being requested. There is no indication of any prior physical therapy the patient may have had or any recent surgery she may have had either. The patient is diagnosed with lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar spinal stenosis, and lumbar degenerative disk disease. There is not enough information provided to confirm that the physical therapy is provided in accordance with MTUS Guidelines. The requested duration and frequency of the physical therapy is not known. MTUS Guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.

Pain psychology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 08/31/2011 and presents with chronic left shoulder and chronic right shoulder pain. The request is for PAIN PSYCHOLOGY. There is no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient has had any prior physical therapy sessions. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work-relatedness of injury or disease." The patient has significant sleep and mood disorders. She has had a year of disability without any opportunity for functional recovery. If the current treater feels that the patient's mood is complex, then the patient should be allowed a pain psychology evaluation. The requested pain psychology evaluation IS medically necessary.