

<b>Case Number:</b>	CM15-0051576		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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] employee who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury of April 27, 2011. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy. RFA form received on March 5, 2015 was referenced in the determination. A progress note of February 12, 2015 was also referenced. In a handwritten progress note dated August 25, 2014, the applicant reported ongoing complaints of shoulder, elbow, wrist, and hand pain. Lodine, 18 sessions of physical therapy, and regular duty work were endorsed. The note was very difficult to follow. On September 12, 2014, Lodine and 18 sessions of physical therapy were endorsed. The applicant reported worsening neck and shoulder pain on this date. The applicant was placed off work, on total temporary disability, it was acknowledged, at this point in time. The claims administrator's medical evidence log suggested that the September 12, 2014 progress note was, in fact, the most recent progress note on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week for six weeks for the shoulder and arm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** No, the request for 18 sessions of physical therapy for the shoulder and arm was not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy proposed, in and of itself represents treatment in the 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 seemingly off work, on total temporary disability, as of the most recent clinical note progress note on file, September 12, 2014. 18 sessions of physical therapy had apparently been ordered in 2014. The fact that the applicant remained off work, despite completion of the same, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive previous physical therapy treatment. While it is acknowledged that the March 6, 2015 RFA form on which article in question was proposed was not incorporated into the IMR packet, the historical information in file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.