MAXIMUS Federal Services

Case Number:	CM15-0235727		
Date Assigned:	12/11/2015	Date of Injury:	03/28/2014
Decision Date:	01/20/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/02/2015

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 59-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 28, 2014. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the shoulder. An October 13, 2015 office visit was referenced in the determination. On a handwritten note dated September 8, 2015, the applicant was placed off of work, on total temporary disability, for 6 weeks. 12 sessions of physical therapy and extracorporeal shockwave therapy were sought. The note was very difficult to follow and not altogether legible. The claims administrator's medical evidence log suggested that said September 8, 2015 office visit in fact represented the most recent note on file; thus, the October 13, 2015 office visit on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On an August 28, 2015 office visit, it was acknowledged that the applicant was using Norco and Motrin for ongoing issues of chronic low back and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment is Workers' Compensation, Online Edition, 2015, Shoulder (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: No, the request for twelve (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 treatment in excess of the 9-10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. This recommendation is, however, 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were not seemingly stated or formulated on the handwritten September 8, 2015 office visit at issue. The fact that the applicant remained off of work, on total temporary disability, on that date, coupled with the applicant's continued reliance on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.