

Case Number:	CM14-0124364		
Date Assigned:	08/08/2014	Date of Injury:	07/10/2014
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 352 pages provided for this review. The application for independent medical review was signed on August 6, 2014. It was for physical therapy three times a week for four weeks for the right shoulder. The request for authorization was provided. There was a peer review done on July 8, 2014. Per the records provided, he was described as a 31-year-old man injured on March 8, 2014. He was lifting a heavy ladder with resultant right shoulder pain. The claimant was treated conservatively with 15 sessions of physical therapy to date. As of June 13, 2014, the doctor noted the claimant feeling about the same with right shoulder pain at five out of 10. The pain was worse raising the arm from the side of the body. Motion was decreased with pain. The MRI arthrogram report was reviewed noting signal abnormality and a positive posterior labrum suggestive of previous injury at the distal supraspinatus tendon which most likely could represent a partial thickness tear versus tendinosis strain. A Health Works note described him as a 30-year-old male working as a technician. There was shoulder pain. He has worked for 5 to 10 years. There is no known surgical history. The diagnosis was pain in the shoulder on the right, right shoulder sprain-strain, arm pain and numbness in the fingers. The medicines were ibuprofen, acetaminophen and icy hot extra strength topical cream. Orthotics was applied. There were cold packs and hot and cold therapy pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy request 3x4 right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately determined as not medically necessary.