

<b>Case Number:</b>	CM14-0127287		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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:

The applicant is a represented [REDACTED] of [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of April 12, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; initial usage of a sling; and work restrictions. In a Utilization Review Report dated July 28, 2014, the claims administrator partially certified a request for 18 sessions of physical therapy of the shoulder as six sessions of physical therapy to the same. The claims administrator also denied a follow-up visit. Non-MTUS ODG guidelines were invoked to deny the follow-up visit, despite the fact that the MTUS addressed the topic at hand. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant was asked to continue physical therapy at a rate of thrice a week for six weeks. Oral medications and topical compounds were endorsed. Persistent complaints of wrist pain and stiffness were noted. The applicant was given a diagnosis of wrist trauma, status post wrist ORIF surgery. The date of surgery, however, was not attached. The remainder of the file was surveyed. The bulk of the information on file comprised of historical Utilization Review Reports and/or dunning letters from the attending provider. Very little in the way of clinical information or applicant-specific information was furnished. It appears that the progress notes of June 24, 2014 and June 25, 2014 were the only completed progress notes provided and that the July 8, 2014 request for authorization (RFA) form and the associated progress note on which the request in question were initiated were not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x6, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Shoulder procedure

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

**Decision rationale:** The 18-session course of treatment proposed, in and of itself represents treatment well in 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. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider, although it is acknowledged that the July 8, 2014 progress note on which this request was seemingly initiated was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support treatment this far in excess of the MTUS parameters. Accordingly, the request is not medically necessary.

**Follow-up as needed:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 268, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is seemingly off of work following earlier wrist ORIF surgery. A follow-up visit to evaluate the applicant's work status is therefore indicated. Accordingly, the request is medically necessary.