

Case Number:	CM14-0172628		
Date Assigned:	10/23/2014	Date of Injury:	09/26/2012
Decision Date:	12/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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 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] employee who has filed a claim for shoulder, hand, and wrist pain reportedly associated with an industrial injury of September 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier shoulder arthroscopy; an H-Wave device; and unspecified amounts of psychotherapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for eight additional sessions of physical therapy for the shoulder. The claims administrator alluded to the applicant's having undergone a shoulder arthroscopy at an unspecified point in time. In an August 1, 2014 psychotherapy progress note, the applicant was described as having issues with anxiety and depression. The applicant was asked to try and improve coping skills. It was suggested that the applicant employ antidepressants. In a medical progress note dated July 29, 2014, the applicant reported various issues with shoulder pain and psychological stress. The applicant was status post left shoulder arthroscopy on August 30, 2013. The applicant exhibited 100-110 degrees of shoulder range of motion and was reportedly experiencing a flare in pain. Eight sessions of physical therapy and a home pulley system were endorsed. The applicant was given a shoulder corticosteroid injection. MRI imaging of the shoulder was endorsed to rule out a repeat or recurrent rotator cuff tear. Limited shoulder range of motion was noted with flexion and abduction to 100-110 degrees. It did not appear that the applicant was working with limitations in place. In earlier progress notes of December 17, 2013 and January 14, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy twice weekly for 4 weeks, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management 9792.20f, Page(.).

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was described on a July 29, 2014 office visit as exhibiting significant impairment about the left upper extremity. The applicant did not appear to be working with limitations in place. MRI imaging of the shoulder and a shoulder corticosteroid injection were performed on that date, again suggesting that conservative treatment with physical therapy had been tried and exhausted. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts of physical therapy over the course of the claim. Therefore, the request for Additional Physical Therapy are not medically necessary.