

Case Number:	CM14-0089804		
Date Assigned:	07/23/2014	Date of Injury:	12/27/2012
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 27, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representations; earlier rotator cuff repair surgery on April 10, 2013; unspecified amounts of physical therapy; and unspecified amounts of work hardening. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a request for a three additional sessions of physical therapy. Despite the fact that the applicant was clearly outside of the six-month postsurgical physical medicine treatment established in MTUS 9792.24.3 following earlier shoulder surgery on April 10, 2013, the claims administrator nevertheless invoked the Postsurgical Treatment Guidelines. In a July 3, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant was doing quite well. The applicant was apparently working at this time. The attending provider complained that the request for both work hardening and three sessions of physical therapy had been denied. The applicant was using Flector, Motrin, and Zantac, it was acknowledged. It was again stated that the applicant was working full time. The applicant had a BMI of 30. The attending provider stated that he was appealing the denial of both physical therapy and work hardening through the Independent Medical Review process. The applicant was returned to regular duty work. Mild aching shoulder pain was noted. On an earlier note of May 22, 2014, the applicant reported 3-6/10 shoulder pain. The applicant did have comorbidities including neuropathy, hypertension, and a previous hernia. Full shoulder range of motion was noted. The attending provider expressed some concerns that the applicant was unable to do some job tasks such as climbing ladders and overhead lifting. The applicant was nevertheless returned to regular duty work while topical Flector patches were endorsed. Three sessions of physical therapy were endorsed so as to reinforce the applicant's home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder qty 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures, Physical medicine Page(s): 48, 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, self-directed home physical medicine as an extension of the treatment process, fading the frequency of treatment over time, and nine to ten sessions of treatment are recommended for myalgias and myositis of various body parts, the issue reportedly present here. The applicant has demonstrated functional improvement with earlier treatment as evinced by his successful return to regular duty work. The applicant does have a more arduous job as a firefighter and, per the treating provider, is in need of a few sessions of treatment to reinforce a home exercise program. This is indicated, given the applicant's favorable response to earlier treatment. Therefore, the request is medically necessary.