

Case Number:	CM14-0198787		
Date Assigned:	12/09/2014	Date of Injury:	10/21/2013
Decision Date:	02/11/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 October 21, 2013. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for 12 sessions of physical therapy. The claims administrator referenced progress notes and RFA forms dated October 20, 2014 and September 29, 2014 in its determination, along with multiple physical therapy progress notes interspersed throughout August 2014 and August 2012. The claims administrator cited Chapter 9 ACOEM Guidelines and non-MTUS ODG Guidelines in its determination to cite the fact that the applicant's issues appeared to be in the chronic pain realm. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain, right wrist pain, and right arm numbness. Positive signs of internal impingement with decreased range of motion about the cervical spine and right shoulder were appreciated. The applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy were endorsed. In an earlier note dated August 26, 2014, the applicant was, once again, placed off of work, on total temporary disability, through September 29, 2014. Additional physical therapy was sought. The applicant was given a shoulder corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the right shoulder and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.Functional Restoration Approach to Chronic Pain Management section.M.

Decision rationale: The 12-session course of therapy proposed, in and of itself, represents treatment 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, the diagnosis reportedly present here. This recommendation is, furthermore, 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. Here, however, the applicant was/is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.