

Case Number:	CM14-0219193		
Date Assigned:	01/09/2015	Date of Injury:	10/22/2011
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43 year old male, who sustained an industrial injury on October 22, 2011. He has reported chronic pain in the left shoulder. The diagnoses have included chronic shoulder pain related to degenerative osteoarthritis, myofascial pain syndrome, pain disorder, and insomnia. Treatment to date has included medications for pain control and home exercise program instruction. Currently, the injured worker complains of severe shoulder pain in both shoulders. The evaluating physician noted that the injured worker's pain had both nociceptive and affective components. The injured worker had partial pain relief with his current analgesic medications and they help him maximize his level of physical functional and improve his quality of life. On December 23, 2104, Utilization Review non-certified a request for twelve sessions of physical therapy, noting that there was no documentation of functional deficits and indicating that the injured worker can do home exercises. The California MTUS was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of twelve visits of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to the 11/23/2014 report, this patient presents with chronic pain worst in the left shoulder. The current request is for Physical therapy for the left shoulder 12 visits. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the medical reports provided, the treating physician document that the patient has chronic pain worst in the shoulder, left worse than right due to degenerative osteoarthritis in the 07/15/2014, 08/19/2014, 09/16/2014, and 11/23/2014 reports. In this case, the available records show no therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history or the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.