

Case Number:	CM15-0062320		
Date Assigned:	04/08/2015	Date of Injury:	03/17/2005
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 17, 2005. In a utilization review report dated March 19, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy while apparently approving concurrent request for laboratory testing. The claims administrator referenced a progress note dated March 18, 2015 in its determination. A variety of MTUS and non-MTUS Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. On a progress note dated March 25, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant had a variety of comorbidities including asthma, diabetes, seizures, and dyslipidemia. The applicant was on Norco, Naprosyn, Depakote, Januvia, Tegretol, Advair, and topical Terocin, it was acknowledged. The applicant was placed off of work, on total temporary disability, for an additional six weeks, it was stated. On March 6, 2015, the applicant reported ongoing complaints of shoulder pain approximately nine months removed from the date of an earlier total shoulder arthroplasty of July 2, 2014. CT arthrography of the shoulder suggested that the prosthesis was in good position, the treating provider reported. Limited shoulder range of motion was noted. Laboratory testing to determine the presence of an occult infection was proposed. Additional physical therapy was also endorsed. In a February 3, 2015 progress note, the applicant was again placed off work, on total temporary disability, owing to heightened shoulder pain complaints. The applicant was still using Norco, Naprosyn, and topical Terocin, it was acknowledged on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder is not medically necessary, medically appropriate, or indicated here. 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 further 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 placed off work, on total temporary disability, via progress notes dated February 3, 2015 and March 25, 2015, referenced above. The applicant remained dependent on opioid agents such as Norco; it was stated on that date. Significantly limited shoulder range of motion was appreciated on an office visit of March 6, 2015, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.