

Case Number:	CM15-0069769		
Date Assigned:	04/17/2015	Date of Injury:	02/09/2012
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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 52-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 9, 2012. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for 6 to 12 sessions of physical therapy. The claims administrator referenced an RFA form dated March 17, 2015, in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was using Norco, Naprosyn, and tramadol, it was incidentally noted. Ancillary complaints of anxiety, depression, and insomnia were reported. The applicant was also using Desyrel, Valium, and Lexapro for the same. The applicant was still smoking, it was acknowledged. Limited shoulder range of motion and shoulder strength were reported. Permanent work restrictions were renewed. It did not appear that the applicant was working with 25-pound lifting limitation in place. The applicant's strength and range of motion were improving, it was acknowledged. An updated shoulder MRI was sought. On February 6, 2015, the applicant reported having completed physical therapy recently. The applicant had undergone earlier right shoulder surgery on July 12, 2012, it was acknowledged. Multiple medications were renewed including Norco and baclofen. The applicant's permanent work restrictions were likewise renewed. Limited right shoulder strength scored at 4-/5 was reported, along with significantly limited shoulder flexion and abduction in 80-degree range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy visits for the right shoulder, once to twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: No, the request for 6 to 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 6- to 12-session course of treatment proposed, in and of itself, represent 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. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions. The applicant's range of motion and strength were seemingly worsening from visit to visit, despite receipt of earlier physical therapy in early 2015. The applicant remained dependent on variety of other medications, including Norco, tramadol, baclofen, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.