

Case Number:	CM15-0093749		
Date Assigned:	05/20/2015	Date of Injury:	01/16/2012
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 66-year-old who has filed a claim for chronic low back, neck, shoulder, and hip pain reportedly associated with an industrial injury of November 6, 2012. In a utilization review report dated April 21, 2015, the claims administrator partially approved a request for 18 sessions of physical therapy for the shoulder as 12 sessions of the same. The claims administrator referenced an RFA form dated April 14, 2015 and a progress note dated April 2, 2015 in its determination. The claims administrator framed the request as a post-operative request, despite of the fact that the applicant had reportedly undergone rotator cuff repair surgery on April 4, 2014. The applicant's attorney subsequently appealed. On March 24, 2015, a medical-legal evaluator alluded to the applicant's having had two prior left shoulder surgeries in June 2012 and April 2014. In an applicant questionnaire dated March 24, 2015, the applicant stated, through preprinted check boxes, that grasping, lifting, performing physical activity, and performing activities of self-care and personal hygiene were difficult secondary to pain. The applicant stated that his ability to lift was likewise constrained secondary to pain. In a supplemental medical-legal evaluation dated April 10, 2015, it was acknowledged that the applicant was no longer working. In a RFA form dated April 14, 2015, the attending provider sought authorization for 18 additional sessions of physical therapy, stating that a medical-legal evaluator had endorsed the same. In an associated progress note dated April 2, 2015, the treating provider acknowledged that the applicant had residual complaints of 7-8/10 multifocal shoulder, neck, and low back pain. The attending provider acknowledged that the applicant was not

working with limitations in place. Limited shoulder abduction to 100 degrees was appreciated. 4/5 shoulder strength was appreciated. Additional physical therapy and tramadol were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x18 visits left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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

Decision rationale: No, the request for an additional 18 sessions of physical therapy to the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of April 2014 as of the date of the request, April 14, 2015. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 18-session course of therapy at issue, in and of itself, represents treatment well 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 there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work. Significantly limited shoulder range of motion was evident, it was suggested on an office visit of April 2, 2015, referenced above. The applicant was also having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, self-care, etc., it was acknowledged on a questionnaire dated March 24, 2015. The applicant remained dependent on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.