

Case Number:	CM13-0035025		
Date Assigned:	12/11/2013	Date of Injury:	06/21/2013
Decision Date:	11/09/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 21, 2013. In a Utilization Review report dated September 20, 2013, the claims administrator failed to approve a request for six sessions of physical therapy. The claims administrator referenced an August 23, 2013 office visit and an RFA form received on September 12, 2013 in its determination. The claims administrator stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate the same into its report. The applicant's attorney subsequently appealed. On an October 17, 2013 work status report, the claimant was returned to modified duty work. Six sessions of physical therapy and six sessions of acupuncture were sought. On an associated progress note dated October 17, 2013, the claimant reported complaints of shoulder and neck pain. The claimant had issues with coronary artery disease. The claimant exhibited a full range of motion about the injured shoulder, it was stated in one section of the note, despite having mild muscle tightness. It was not clearly stated whether the claimant was or was not working with said limitation in place. On September 20, 2013, the attending provider stated that the claimant was off of work owing to non-industrial cardiac issues. The claimant reported a primary complaint of neck pain on this date. The claimant exhibited difficulty turning his neck. Mild tenderness about the paracervical region was noted. Work restrictions for the neck and shoulder were imposed. The attending provider did state the claimant exhibited normal neurovascular exam and full range of motion about the injured neck. On August 20, 2013, the claimant was described as having sustained a heart attack on May 14, 2013. The claimant had

undergone an angioplasty with stent placement. The claimant reported heightened neck pain complaints on this date. Full range of motion about the cervical spine was appreciated despite tenderness about the paracervical region. Full upper extremity range of motion was appreciated. Physical therapy was endorsed on the grounds that the claimant had reported heightened musculoskeletal pain complaints following his heart attack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy sessions for the left shoulder 2 times per week for 3 weeks:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Yes, the request for six sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy, which "clearly states treatment goals." Here, the attending provider did suggest on progress notes of August 20, 2013 and July 19, 2013 that the applicant had apparently experienced a flare in musculoskeletal pain complaints, including shoulder pain complaints, owing to his having sustained a non-industrial heart attack. The applicant had undergone a cardiac catheterization procedure with stent placement. The attending provider contended that the applicant had been off of work for several months owing to his non-industrial cardiac issues, had developed heightened musculoskeletal complaints in multiple regions, including about the affected shoulder, and was, thus, in need of physical therapy to ameliorate the same. Therefore, the request was medically necessary.