MAXIMUS Federal Services

Case Number:	CM13-0029988		
Date Assigned:	06/06/2014	Date of Injury:	05/27/2009
Decision Date:	07/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Orthopedic Surgeon and Hand Surgeon, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 05/27/2009 due to a fist fight. The injured worker had complaints of neck pain which was rated at 6/10 with medication. The injured worker stated the pain radiated to bilateral upper extremities, left side greater than right side. The injured worker also had complaints of lower back pain with pain radiating to bilateral hips and left lower extremity. The pain was rated at 9/10 with medication. Physical examination on 11/05/2013 revealed a request for epidural steroid injections was being requested. The injured worker was advised to continue with medications as prescribed, use a LSO (Lumbar-Sacral Orthosis) brace for home use, continue with aggressive home exercise program. The injured worker underwent left shoulder decompression on 11/01/2010. The injured worker also underwent right shoulder surgery on May 2013 for subacromial decompression, distal clavicle resection and debridement of superior labrum degenerative- type I superior labrum anterior and posterior tear, massive rotator cuff tear repair. The Injured worker was found to be positive for marijuana twice and narcotic pain medications were discontinued. The diagnoses were lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, chronic pain, right knee internal derangement. The medications were Prozac, Lunesta, and atarax. The injured worker had weekly cognitive behavioral therapy with telephone consultations and social services. The treatment plan was for post -operative therapy one time a week for four weeks for the right shoulder. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, one (1) time a week for four (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for post operative physical therapy one time a week for four weeks for the right shoulder is non-certified. According to the MTUS Postsurgical Treatment Guidelines, for rotator cuff syndrome/impingement syndrome, postsurgical treatment for arthroscopic is 24 visits over 14 weeks. The postsurgical physical medicine treatment period is six months. The document submitted for review is lacking information. There were no current reports submitted for review. The injured worker had surgery in May 2013 on the right shoulder, which would not be considered post-operative because it has passed the six months time-range allowed by the MTUS guidelines. Therefore, the request is non-certified.