

Case Number:	CM13-0036194		
Date Assigned:	12/13/2013	Date of Injury:	01/25/2009
Decision Date:	02/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 35-year-old male who sustained an injury to the right shoulder on January 25, 2009. Medical records provided for review documented that the claimant is now status post a rotator cuff repair. A June 26, 2013, assessment documented that the claimant had undergone twenty-eight sessions of physical therapy since the time of his February 2013 surgery. His motion was 160 degrees of forward flexion with diminished 4/5 strength. Continuation of physical therapy was recommended at that time. There are current clinical records that recommend further treatment in regards to the claimant's chronic pain with continuation of medication management sessions, cognitive behavioral therapy, and biofeedback for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127

Decision rationale: Based on the ACOEM Guidelines, the role of consultation for medication management sessions would not be indicated. The claimant's last clinical assessment indicated that he was status post right shoulder rotator cuff repair for which he was making progress with both physical therapy and postoperative treatment for strengthening. At present, there would be no current indication for continued use of medications in the long term course for this claimant's current working diagnosis. Thus, the need of medication management sessions for further follow-up would not be supported. Therefore, the requested medication management sessions are not medically necessary or appropriate at this time.

Cognitive behavioral therapy (CBT): 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 Behavioral interventions Page(s): 23.

Decision rationale: Based on the California Chronic Pain Medical Treatment Guidelines, behavioral cognitive therapy cannot be supported in this case. Following rotator cuff repair, there is no documentation to determine that the claimant is not able to perform coping skills that would lead him to psychological or physical dependence. Therefore, the requested CBT is not medically necessary or appropriate at this time.

Biofeedback - right shoulder injury: 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 Biofeedback Page(s): 24.

Decision rationale: Based on the California Chronic Pain Medical Treatment Guidelines, biofeedback would not be indicated. It is not recommended in and of itself as a standalone treatment but can be recommended as an option in addition to CBT. Records in this case did not support the role of CBT for the claimant's current diagnosis of rotator cuff repair. Therefore, the requested biofeedback is not medically necessary or appropriate.