

Case Number:	CM13-0038379		
Date Assigned:	12/18/2013	Date of Injury:	03/25/2011
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 59 year-old male with dates of injury 9/13/11 and 3/25/11. Reported mechanism of injury was repetitive strain due to lifting, carrying and pulling cartons of milk. Progress notes dated 9/6/13 document the patient's subjective concerns of painful bilateral shoulders, pain and numbness in the right arm and hand. Objective findings have included tenderness to palpation across the cervical paraspinal region, trapezius, levator scapulae muscles, positive neck compression test, and diminished range of motion of the cervical spine. There was also diminished grip strength bilaterally. Per notes from [REDACTED] from 7/31/13, the patient had 4/5 deltoid, biceps, triceps, and hand grip. Diagnosis includes bilateral shoulder impingement syndrome with tendinitis, bilateral shoulder acromioclavicular arthrosis, bilateral shoulder glenohumeral degenerative joint disease, bilateral shoulder likely partial thickness rotator cuff tears, and cervicalgia with multiple small disc herniations. Treatment plans have included aquatic therapy and formal pharmacologic assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacologic assessment and management: 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 Guidelines 8 Page(s): 7.

Decision rationale: The MTUS does not specifically address the medical necessity of pharmacologic assessment. The Chronic Pain Medical Treatment Guidelines do note that multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal-oriented, functional restoration approach. It remains unclear what the specific request for pharmacologic assessment is for, what the goals of pharmacologic assessment, and why the clinician is not able to provide pharmacologic assessment.

Aquatic therapy daily at gym: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Health Clubs, Chapter 5221.6600.

Decision rationale: MTUS does not specifically address any recommendations in regards to health clubs. Per the ODG, the healthcare provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise. The medical record does not specifically document any required medical equipment or document the need for gym membership or services. Per the Chronic Pain Medical Treatment Guidelines, aquatic therapy can be considered if there is documentation the patient has failed land-based therapy. This is not clearly documented in the medical record. Additionally, this request does not specify a duration of therapy or specific treatment plan. Aquatic therapy is not medically necessary