

Case Number:	CM13-0069796		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2011
Decision Date:	07/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine & Rehabilitation 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 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 49-year-old male who reported an injury on 09/14/2011. Within the documentation provided, the mechanism of injury reported by the injured worker was to have occurred over time based on occupation. The clinical note dated 11/20/2013 noted the injured worker complained of continued right shoulder pain. A physical examination of the right shoulder revealed pain with forward flexion which was limited to 150 degrees. An external rotation was noted to 35 degrees and abduction was noted to 90 degrees. In addition there was slight weakness noted with rotation. The documentation noted a magnetic resonance imaging showed a possible partial intrasubstance tear, but not definitive. Otherwise, there was mild synovitis. Within the documentation provided, the injured worker's diagnosis included right shoulder rotator cuff tear and impingement syndrome and acromioclavicular joint arthrosis. The previous treatments included right shoulder surgery on 07/23/2013, physical therapy, and home exercise program. Within the documentation provided, medications were noted as Keflex 500 mg, Zofran, and Vicodin 5/500 mg. The provider request was for occupational therapy 12 sessions right shoulder. The request for authorization form was not included within the documentation submitted for review. The rationale for the requested treatment plan was noted that the additional occupational therapy would help with range of motion and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 12 SESSIONS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The injured worker has a history of right shoulder pain and to have undergone surgery to the right shoulder. The California MTUS recommends physical medicine treatment for postsurgical rotator cuff syndrome/impingement syndrome 24 visits over 14 weeks. The documentation submitted for review noted that the injured worker has participated in postoperative physical therapy. However, there is a lack of documentation to indicate the number of completed sessions. In addition, there is a lack of documentation to quantify improved range of motion and strength with the amount of physical therapy completed thus far. Overall, there is a lack of documentation to indicate continued functional improvement over functional deficits to warrant additional sessions. Based on the above noted, the request is not medically necessary.