

Case Number:	CM14-0001174		
Date Assigned:	01/22/2014	Date of Injury:	10/22/2012
Decision Date:	09/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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:

This is a 48-year-old female who was injured on 10/22/12. Records indicate an injury to the right shoulder. The claimant is status post 07/31/13 Right Shoulder Arthroscopy, Subacromial Decompression and Distal Clavicle Resection. Since that time, she has undergone a significant course of formal physical therapy. Following the surgical process, the last clinical record for review was a 09/26/13 assessment describing continued complaints of pain and weakness with examination showing 170 degrees of forward flexion and abduction with 4/5 strength and negative Hawkin's testing. The recommendations at that time were for 12 additional sessions of Physical Therapy and continued use of Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 2X6 TO RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-surgical Rehabilitative Guidelines, 12 additional sessions of therapy for the claimant's shoulder would not be indicated. In the postoperative setting, guidelines would support the role of up to 24 sessions of physical therapy

following a subacromial decompression procedure. This individual had already undergone a significant course of physical therapy since the time of operative procedure. The request of 12 additional sessions would have exceeded guidelines. Therefore, the request is not medically necessary.

VOLTAREN 7.0 MG X 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NAIDs (Non-Steroidal Anti-Inflammatory Drugs (Effective July 18, 2009), page 67.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the chronic use of Voltaren. In regards to non-steroidal usage, the guidelines support the shortest time frame of use with the lowest dose possible of medication. This individual is with no indication of acute clinical findings and had been making progress in terms of motion and strength following surgical procedure. The specific need for continued prescription of non-steroidal agents at this time frame from injury would not be indicated. Therefore the request is not medically necessary.

