

Case Number:	CM14-0002620		
Date Assigned:	01/29/2014	Date of Injury:	10/05/2001
Decision Date:	06/16/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/07/2014

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 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 58-year-old male whose date of injury is 10/05/2001. On this date the injured worker fell from a ladder. The treatment to date includes right shoulder arthroscopy on 05/24/02 and 05/21/07, epidural steroid injections, extensive psychological treatment, physical therapy, and psychiatric hospitalization. A note dated 06/13/13 indicates that the injured worker underwent ten (10) weeks in rehabilitation for physical therapy. The independent medical exam (IME), dated 09/09/13 indicates that the injured worker continues to report suicidal ideation. The Hamilton Depression Rating Scale is 29. The Hamilton Anxiety Rating Scale is 27. Diagnoses are major depressive disorder with suicidality and somatic symptom disorder with predominant pain. The injured worker continues to be at maximum medical improvement for these diagnoses. An electromyography/nerve conduction velocity (EMG/NCV) dated 11/12/13 revealed evidence of mild acute L5 radiculopathy on the right. An MRI of the right shoulder dated 11/26/13 revealed tendinopathy changes, type II SLAP lesion, acromioclavicular joint degenerative changes. An MRI of the lumbar spine dated 11/26/13 revealed 2 mm central disc bulge at L4-5 and 2 mm central disc protrusion at L2-3. A thoracic MRI dated 11/26/13 is unremarkable. A note dated 12/24/13 indicates that the injured worker complains of low back pain, right leg pain, neck pain and right shoulder pain. The injured worker started seeing a psychiatrist again and restarted physical therapy. The diagnoses include major depressive disorder and adjustment disorder. A note dated 01/09/14 indicates that the injured worker is taking Cymbalta, Seroquel, Remeron and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE THORACIC SPINE, LUMBAR SPINE, RIGHT SHOULDER 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 58-60.

Decision rationale: The injured worker has undergone extensive physical therapy to date and should be well-versed in a home exercise program at this time. The Chronic Pain Guidelines would support one to two (1-2) visits every four to six (4-6) months for recurrence/flare-up and note that elective-maintenance care is not medically necessary.

ONE PSYCHE FOLLOW UP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS, Page(s): 100-101.

Decision rationale: The injured worker has undergone extensive psychological treatment to date including hospitalization. The independent medical exam (IME) dated 09/09/13 indicates that the injured worker continues to report suicidal ideation. The Hamilton Depression Rating Scale is 29. The Hamilton Anxiety Rating Scale is 27. The diagnoses are major depressive disorder with suicidality and somatic symptom disorder with predominant pain. The injured worker continues to be at maximum medical improvement for these diagnoses. The injured worker was authorized for additional individual psychotherapy sessions in November 2013; however, it is unclear if these sessions have been completed.

A REFERRAL TO THE ORTHOPEDIST FOR LOW BACK AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127

Decision rationale: There is no clear rationale provided to support the request at this time. There is no current, detailed physical examination submitted for review. It is unclear how the referral will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability,

and permanent residual loss and/or the examinee's fitness for return to work as required by the ACOEM Guidelines.