

Case Number:	CM14-0011383		
Date Assigned:	02/21/2014	Date of Injury:	03/19/2012
Decision Date:	08/04/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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:

The patient is a 37-year-old female who has submitted a claim for rotator cuff tear and shoulder impingement of the right shoulder status post right shoulder surgery associated with an industrial injury date of 03/19/2012. Medical records from 07/30/2013 to 01/21/2014 were reviewed and showed that patient complained of right shoulder pain (grade not specified) with no associated numbness or radiation. Physical examination revealed right shoulder ROM to be within functional limits. MMT was 4-/5 to external rotation and abduction. Sensation to light touch was intact. MRI of the right shoulder dated 07/31/2012 revealed supraspinatus and infraspinatus tendinopathy, posterosuperior labral changes, and paralabral cyst. MRI of the right shoulder dated 11/12/2012 revealed supraspinatus tendinosis with bursal marginal partial tearing and superior labral tear with paralabral cyst. Treatment to date has included full rotator cuff and labral repair, subacromial decompression and shoulder injection (04/16/2013), post-operative physical and occupational therapy, home exercise program, Motrin, Prilosec, Flexeril, topical compound cream, and Terocin patch. Utilization review, dated 01/17/2014, denied the request for additional twelve visits of occupational therapy at three times a week for four weeks to the right shoulder because there was no documentation to support the medical necessity for additional occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 3x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to CA MTUS Postsurgical Treatment Guidelines, the recommended physical medicine treatment visits for complete tear of rotator cuff is 40 visits over 16 weeks. In this case, the patient has already undergone 24 sessions of post-operative physical therapy and 24 sessions of occupational therapy based on the medical records (12/04/2013). It was noted that the patient was able to return to work and regain full right shoulder ROM. There were no objective evidences of exceptional factors or discussion to support additional occupational therapy visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for occupational therapy (OT) three (3) times a week for four (4) weeks for the right shoulder is not medically necessary.