

<b>Case Number:</b>	CM14-0012003		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 51 year old male with an injury reported on 03/26/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/26/2013 reported that the injured worker was status-post right shoulder decompression/mumford procedure which was performed on 11/06/2013. It was noted the injured worker complained of numbness in the entire right hand since the surgery. The physical examination revealed a healing post surgical scar to the posterior right shoulder. It was also noted the injured worker had spasms to the right deltoid muscle and a limited range of motion due to pain. The injured worker's prescribed medication list included Norco. The injured worker's diagnoses included lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis; multilevel two to three millimeter disc protrusions at L3-4, L4-5, and L5-S1, with central and intervertebral stenosis and facet hypertrophy; right sacroiliac joint sprain. The provider requested 8 additional sessions of post-operative therapy; the rationale was not provided. The request for authorization was not provided. The injured worker's prior treatments included lumbar spine injections, home exercise, rehabilitation and chiropractic services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ADDITIONAL SESSIONS OF POST-OPERATIVE THERAPY:** 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 Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98.

**Decision rationale:** The request for 8 additional sessions of post-operative therapy is non-certified. The injured worker is status-post right shoulder decompression/mumford procedure which was performed on 11/06/2013. It was noted the injured worker complained of numbness in the entire right hand since the surgery. The injured worker's prior treatments included home exercise, rehabilitation and chiropractic services. The California MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The rationale for additional therapy was not provided. There is a lack of therapy notes documenting the injured worker's progression and improvement with therapy. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits were not provided. Furthermore, the requesting provider did not specify the type of therapy being requested. Therefore, the request is not medically necessary.