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| Case Number: | CM14-0013420 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/04/2013 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Occupational Medicine 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 case involved 56-year-old injured worker who sustained an injury on 02/04/2013 while lifting heavy crates. The injured worker underwent right shoulder rotator cuff surgery on 05/13/2013. On 10/9/13, he reported a slow improvement with physical therapy. During the examination, he complained of difficulty sleeping on the right shoulder, reaching above the shoulder level and had restricted range of motion with mild pain. The diagnostic impression is rotator cuff tear repair and lumbar spine sprain/strain. Treatment to date includes surgery, physical therapy, and medication management. A UR decision dated 1/2/14, denied the request for additional physical therapy for the right shoulder and for a pain management consultation. The documentation submitted indicated that the patient has far surpassed both the recommended number of physical therapy session as well as the time frame for completion set forth in the guidelines. The patient has had 36 sessions of physical therapy since the 05/13/2013 surgery. In addition, there was no objective or functional improvement with physical therapy sessions noted. Continuing to provide additional sessions would not provide a different or better outcome. The request for a pain management consultation was denied because there was no clear rationale that outlined symptoms or objective findings. In addition, there was no evidence of stress/anxiety/depression and no history of medical treatment outlined in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for four weeks to right shoulder: 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 Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter: Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment, and modification of the treatment plan based upon the patient's progress in meeting those goals. Monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. The patient is documented to have rotator cuff repair in May of 2013 and subsequently had 36 postoperative physical therapy sessions. CA MTUS post-surgical treatment guidelines support up to 24 sessions of physical therapy, over 14 weeks with treatment period of 6 months. At the time of the UR, this patient was 8 months post-operative, which puts him out of the post-operative period. This request is for an additional 8 sessions, which would put the patient at a total of 44 sessions, which far exceeds any guideline recommendations. It is unclear as to why the patient has not transitioned to a home exercise program. Therefore, the request for additional physical therapy two times a week for four weeks to the right shoulder was not medically necessary.

Pain management consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: Independent Medical Examinations and Consultations, page 127, 156.

Decision rationale: CA MTUS states that consultations are recommended. A health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient has a February 2013 date of injury with subsequent 5/13/2013 surgery, physical therapy, and ongoing medication management, which include opioids and benzodiazepines. Guidelines support consultations with specialists as the primary treating provider deems necessary. Therefore, a consultation with a pain management specialist would be appropriate and medically necessary.

Psychological evaluation and treatment to determine etiology of anxiety: 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 Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: CA MTUS states that psychological evaluations are recommended and are generally accepted, with well-established diagnostic procedures not only used with selected use in pain problems, but also with more widespread use in chronic pain populations. However, there is no clear description of anxiety in this patient and it is unclear why a psychological evaluation is being requested. Therefore, the request for psychological evaluation and treatment to determine etiology of anxiety was not medically necessary.