MAXIMUS Federal Services

Case Number:	CM14-0024487		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2012
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine and Rehabilitation 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 50 year old female who sustained an injury to her left shoulder on 05/23/12 when a 300 pound door struck the injured worker in the back of the head, neck and left shoulder. The injured worker subsequently underwent subacromial decompression and excision arthroplasty on the left acromioclavicular joint dated 05/14/13 and completed at least twelve postoperative physical therapy visits to date. A clinical note dated 12/06/13 reported the injured worker was recommended for neuropsychological treatment for posttraumatic head injuries and given the injured worker's issues with lowered self-confidence; it was recommended that she participate in 14-16 hours of neurocognitive treatment, one hour per week. A clinical note dated 11/06/13 reported that the injured worker was recommended for an additional six physical therapy visits to address remaining functional deficits. 3880

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT SHOULDER 1 TIMES 6 NEUROCOGNITIVE TREATMENT 12-14 HRS -1 HOUR PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Functino Chapter page 114, and the ODG Physical Therapy Preface.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: It was not clear why the injured worker has not yet transitioned into a home exercise program, given she returned to work full time. Further clarification was needed as well as additional reports indicating improvement during physical therapy. There seemed to be conflicting reports with regard to the injured worker and her neurocognitive status. A partial/modified certification was made for one neurocognitive visit to assess whether the injured worker would require further psychotherapy. Given the clinical documentation submitted for review, the request is not medically necessary and appropriate.