

Case Number:	CM14-0026969		
Date Assigned:	06/13/2014	Date of Injury:	08/25/2011
Decision Date:	10/01/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 60-year-old with a date of injury of August 25, 2011. A progress report associated with the request for services, dated December 16, 2013, identified subjective complaints of left shoulder pain. The patient was also noted to be depressed. Objective findings included a normal range of motion of the shoulder with some pain. Diagnoses included (paraphrased) status post left rotator cuff repair (x2). Treatment had included 18 sessions of physical therapy in 2013 as well as injection, heat and cold, and oral analgesics. He had a left shoulder arthroscopy in 2012. A Utilization Review determination was rendered on January 31, 2014 recommending non-certification of a psyche referral and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended. They are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The non-certification from the Utilization Review was based upon an attempt at therapy by the referring physician. This is outside the specialty of the treating physician and as noted in the Guidelines, this does not preclude a psychological evaluation. Therefore, the record does document the medical necessity for a psychological evaluation.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. The patient has received 18 previous physical therapy sessions. An unspecified number of additional sessions are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the medical necessity for additional physical therapy sessions has not been established.