MAXIMUS Federal Services

Case Number:	CM14-0029930		
Date Assigned:	06/20/2014	Date of Injury:	01/18/2011
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 63 year old female who sustained an injury to her right shoulder on 01/18/11. The mechanism of injury was not documented. MRI of the right shoulder revealed metallic susceptibility artifact projecting over the shoulder, indicating previous surgery; metallic susceptibility artifact projects over the humeral head, likely representing anchors from previous rotator cuff repair surgery; moderate joint effusion; capsulitis and sprain; tendinosis/tear of the subscapularis tendon; no superior labrum anterior posterior (SLAP) tear; 1cm process in the anterior aspect of the humeral head, likely representing a cyst or interosseous ganglion; biceps tenosynovitis; no fractures; supraspinatus tear. Physical examination of the right shoulder noted well-healed scar; severe contractures of the right shoulder with marked limitation of motion; range of motion 40% with marked limitation of abduction, flexion, internal and external rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Manipulation under anesthesia (MUA).

Decision rationale: The request for manipulation of the right shoulder is not medically necessary. The previous request was denied on the basis that range of motion as to abduction was not clearly outlined. Without clear assessment of range of motion, the request was not considered medically appropriate. The Official Disability Guidelines state that this modality is under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3-6 months where range of motion remains significantly restricted (abduction less than 90 degrees); manipulation under anesthesia may be considered. Given that abduction was not clearly outlined, the request for manipulation of the right shoulder is not indicated as medically necessary.

Physical therapy 3 x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for physical therapy 3 x a week x 4 weeks is not medically necessary. The previous request was denied on the basis that the injured worker had a prolonged period of physical therapy following surgery for approximately 4 months. The records provided did not indicate the exact amount of physical therapy visits that the injured worker completed to date or the injured worker's response to any previous conservative treatment. The CAMTUS recommends up to 24 visits over 14 weeks not exceeding 6 months for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy 3 x a week x 4 weeks is not indicated as medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT).

Decision rationale: The request for urinalysis is not medically necessary. The previous request was denied on the basis that there was no listed medication on recent documentation as well as evidence of abuse, diversion, or hoarding related to use of medications. After reviewing the

submitted clinical documentation, there were no additional significant 'red flags' identified that would put the injured worker at high risk for abuse or use of illicit substances. Previous drug screens did not indicate that the injured worker was not taking their medications as prescribed. Given this, the request for urinalysis is not indicated as medically necessary.