

Case Number:	CM14-0042294		
Date Assigned:	06/30/2014	Date of Injury:	09/18/2012
Decision Date:	09/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 is a 59-year-old male with a September 18, 2012 date of injury. The mechanism of injury occurred while he was performing his usual and customary duties as a machine operator. According to a handwritten progress note dated 2/19/14, the patient is status post right shoulder surgery on December 26, 2013 and is improving. The patient complained of cervical spine pain rated a 7-8/10. The patient is also complaining of left shoulder pain status post surgery on February 6, 2013. Objective findings: tenderness of right shoulder, spasm of left trapezius muscle, decreased shoulder range of motion. Diagnostic impression: status post surgery, left shoulder SAD, debridement February 13, 2013; right shoulder rotator cuff tendinitis, injected September 11, 2013; right shoulder arthroscopic surgery December 26, 2013. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated March 10, 2014 denied the request for physical therapy and pain management follow-up. The request for orthopedic surgeon follow-up was certified because the operating surgeon should be following the progress of this patient until functional recovery is attained. Regarding physical therapy, the patient underwent right shoulder surgery on December 16, 2013 and left shoulder surgery on February 6, 2013. The patient is 2.5 months post right shoulder surgery and more than a year post left shoulder surgery. The medical records provided for review do not contain functional deficits that would require the intervention of supervised therapy. Regarding pain management follow-up, there is no rationale documenting the medical necessity of pain management or which specific deficits or pain complaints would be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks, both shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The Chronic Pain Medical Treatment Guidelines postsurgical treatment guidelines support up to 24 visits over fourteen weeks for arthroscopic shoulder surgery. There is documentation that the patient began post-op physical therapy treatment on February 13, 2014, however, it is unclear how many sessions he has completed. The patient underwent right shoulder surgery on December 26, 2013 and had also undergone left shoulder surgery on February 6, 2013. There is no documentation of functional improvement from the completed physical therapy sessions. In fact, according to a February 13, 2014 physical therapy report, the patient had increased pain throughout the post-op right shoulder. In addition, there is no documentation of functional deficits that would necessitate physical therapy for both shoulders. Therefore, the request for Physical therapy three times a week for six weeks, both shoulders is not medically necessary or appropriate.

Orthopedic surgeon follow-up times one for shoulders.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter - Office Visits.

Decision rationale: CA MTUS does not address this issue. The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A prior UR decision dated March 10, 2014 certified the request for follow-up with orthopedic surgeon. The operating surgeon should be following the progress of this man until functional recovery is attained. It is unclear why this

duplicate request is being made at this time. Therefore, the request for Orthopedic surgeon follow-up times one for shoulders was not medically necessary or appropriate.

Pain management follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter office visits.

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 - Office Visits.

Decision rationale: The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. According to a January 17, 2014 progress report, the patient is being referred to a pain management specialist for his cervical spine pain. Guidelines support evaluations by other specialists as the primary treating physician feels is necessary. Therefore, the request for Pain management follow-up is medically necessary and appropriate.