

Case Number:	CM14-0076657		
Date Assigned:	07/18/2014	Date of Injury:	04/05/2012
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 56-year-old female who sustained a right shoulder injury on April 5, 2012. The records available for review include an April 17, 2014, follow-up report that references right shoulder arthroscopy with subacromial decompression performed on February 4, 2013. The claimant is noted to have continued complaints of shoulder pain despite a significant course of physical therapy. Examination showed restricted motion to 90 degrees of forward flexion and abduction with tenderness to palpation noted diffusely. The claimant was diagnosed with carpal tunnel syndrome, shoulder strain and status post right shoulder surgical arthroscopy. This request is for continuation of formal physical therapy for 12 additional sessions and continuation of Motrin for non-steroidal management of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right shoulder, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy would not be indicated. Postsurgical Guideline parameters following surgical intervention would include up to 24 visits of physical therapy over

a 14-week period of time in the six months post-operatively. At the time of the request for additional therapy, more than a year had elapsed since the surgery, and the records state that the claimant already completed a significant course of post-operative physical therapy. Because the additional 12 sessions of therapy would exceed the Postsurgical Guidelines maximum and occur beyond the six-month post-operative window, this request would not be established as medically necessary.

Motrin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of Motrin would not be indicated. Chronic Pain Guidelines pertaining to the chronic use of non-steroidal agents state that the medications should be used for the shortest period of time and in the lowest possible dosages. In this case, there is no documentation of acute, symptomatic findings or clinical evidence of acute complaints that would necessitate the chronic use of non-steroidal agents. Given this claimant's clinical presentation and absent documentation of benefit from the use of Motrin, the request for its continued use at this chronic stage would not be supported as medically necessary.