

Case Number:	CM14-0133119		
Date Assigned:	08/22/2014	Date of Injury:	03/09/2008
Decision Date:	02/10/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/20/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old male with the injury date of 03/09/08. Per physician's report 11/21/14, the patient has shoulder discomfort. The patient use H-wave and a single subacromial injection. The patient had acupuncture without help. The patient had bilateral rotator cuff repairs and the date of surgery was not provided. The patient presents full range of shoulder motion with some mild crepitus on the left. The patient does no overhead work with lifting 20 pounds to shoulder height bilaterally. Per 10/28/14 progress report, the patient has back pain and shoulder pain bilaterally at 9/10. The patient states that "he has 5% permanent disability per AME or QME." The patient is taking Oxycodone which makes him to do more at home." The patient is s/p right debridement on 12/09/13. The patient completed physical therapy. "Physical therapy made him worse before surgery but helped after surgery." He is doing home pulley exercise. He considers surgical intervention but doesn't want steroid. Per 10/15/14 progress report, the Toradol injection was not helpful. X-ray 10/15/14 demonstrates 1) no increased calcific densities within his soft tissues 2) evidence of a decreased acromial spur but ongoing down sloping anterior acromion. The lists of diagnoses are:1) ongoing impingement and bursitis2) s/p debridement and acromioplasty3) distal clavical excisionThe utilization review determination being challenged is dated on 07/23/14. Three treatment reports were provided after the utilization review determination from 10/15/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT (Occupational Therapy) / CHT (Certified Hand Therapist) Bilateral Shoulders
Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Shoulder (Acute & Chronic) (Updated 04/25/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98, 99.

Decision rationale: The patient presents with pain in his low back and shoulder bilaterally. The patient is s/p bilateral rotator cuff repairs, unidentified surgery date, and right debridement on 12/09/13. The request is for 8 SESSIONS OF OCCUPATIONAL THERAPY with certified hand therapy. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review denial letter 07/23/14 indicates that the patient had prior surgery on the right shoulder and the date of surgery was not known. The patient had therapy but no treatment reports were provided. There was no documentation of how many sessions the patient had in the past. The utilization review letter denied the request based on the lack of documentation. After the utilization review determination, the patient has had 8 sessions of hand therapy between 10/06/14 and 11/05/14. The recent hand therapy reports are provided for this review. The hand therapy final report 11/05/14 indicates that "[the patient] continues to feel better in left shoulder... I think I am doing well with my home exercise." There is no documentation of pain reduction or functional improvement except general statement. The treating physician does not explain why more therapy is needed and why the patient is unable to transition into a home program. The patient states that he is doing well with home exercise. The current request for 8 combined with at least 8 already received between 10/06/14 and 11/05/14 would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.