MAXIMUS Federal Services

Case Number:	CM14-0042901		
Date Assigned:	06/30/2014	Date of Injury:	04/12/2011
Decision Date:	04/03/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on April 12, 2011. He has reported an unknown injury. The diagnoses have included major depressive disorder single mild episode. Treatment to date has included cognitive behavioral therapy, and psychiatric treatment. Currently, the Injured Worker complains of feeling sleepy and lacking energy. Objective findings reveal a sad anxious mood, and appearance of being tired. The Utilization Review indicates a separate report which non-certified the requested left shoulder arthroscopy. On March 7, 2014, Utilization Review non-certified twelve initial post-operative physical therapy visits for the left shoulder, three times weekly for four weeks, as an outpatient. The MTUS guideline was cited. On March 14, 2014, the injured worker submitted an application for IMR for review of twelve initial post-operative physical therapy visits for the left shoulder, three times weekly for four weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) initial Post Operative Physical Therapy Visits for the Left Shoulder, three (3) times a week for four (4) weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Postsurgical Treatment Guidelines.

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

Decision rationale: This patient sustained an injury on 4/12/11 while employed by [redacted]. Request(s) under consideration include Twelve (12) initial Post Operative Physical Therapy Visits for the Left Shoulder, three (3) times a week for four (4) weeks as an outpatient. Diagnosis list major depressive disorder single mild episode. There is a psychological assessment services dated 2/24/14 noting symptoms and diagnoses remained unchanged. Treatment plan was to continue with CBT psychotherapy sessions along with psychiatric follow-up. Diagnoses from medication list requested included Major depression single episode, generalized anxiety disorder, male hypoactive sexual desire, and insomnia. Report of 5/19/14 from psychologist noted symptoms and signs of depression and anxiety with unchanged DSM IV diagnoses. Treatment plan was again for continued cognitive therapy and psychiatric follow-up. There is a utilization report has reviewer noting the provider's separate request for surgical intervention with left shoulder arthroscopy that was not supported as medically necessary; therefore, the post-op PT visits were non-certified. No other medical records or reports regarding shoulder disorder, clinical findings, diagnosis, surgical or treatment plan are provided for review in the sparse file. The request(s) for Twelve (12) initial Post Operative Physical Therapy Visits for the Left Shoulder, three (3) times a week for four (4) weeks as an outpatient was non-certified on 3/7/14. It appears as the shoulder arthroscopy was not authorized, the request for post-operative PT is not appropriate per provided records for review without any new information or supplemental clarification. The Twelve (12) initial Post Operative Physical Therapy Visits for the Left Shoulder, three (3) times a week for four (4) weeks as an outpatient is not medically necessary and appropriate.