

Case Number:	CM15-0001193		
Date Assigned:	01/12/2015	Date of Injury:	05/02/2012
Decision Date:	05/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 47 year old male patient, who sustained an industrial injury on 5/2/2012. He sustained the injury while pulling out a large sheet of cardboard from machine. The diagnoses have included shoulder impingement/bursitis, shoulder arthralgia and arthritis. Per the reevaluation dated 9/5/2014, he had a cortisone injection done at the last visit with minimal relief; pain was intermittent but range of motion was not improved. Per the worker's compensation reevaluation dated 11/26/2014, she presented for a recheck of the left shoulder. Physical exam revealed tenderness over the left shoulder and decreased range of motion. The medications list includes doxazosin, norco, nitrofurantoin and vistaril. Physician recommendations were for ice/heat, home exercise program, over the counter nonsteroidal anti-inflammatory drugs and analgesics as needed and work status: modified duty. He has had Magnetic resonance imaging (MRI) of the left shoulder dated 4/11/2014 which showed positive glenohumeral moderate to severe osteoarthritis; left shoulder x-ray dated 9/30/2014 which showed moderate osteoarthritis and degenerative joint disease. He has undergone left shoulder arthroscopy on 10/22/2013; left knee surgery in 1985 and left shoulder surgery in 2012. He has had 18 physical therapy visits and cortisone injections for this injury. He was awaiting authorization for referral to shoulder replacement/reconstruction specialist; authorization was requested for 12 sessions of physical therapy. On 12/17/2014 Utilization Review (UR) non-certified a request for referral to a shoulder replacement/reconstruction specialist, noting that the injured worker should try a cortisone injection first; if that fails to alleviate his symptoms, then a shoulder replacement specialist consult would be medically necessary. The ODG were cited. UR non-certified physical therapy,

12 sessions, noting that the injured worker has already had more than the recommended amount of physical therapy after shoulder arthroscopy and there was no documentation of exceptional indications for therapy extension. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to reconstruction specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request: Referral to reconstruction specialist. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. In addition, failure of conservative treatment including medications, home exercise and cortisone injection is not specified in the records provided. The medical necessity of a Referral to a reconstruction specialist is not fully established for this patient.

Physical therapy for the left shoulder; 12 sessions: Upheld

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

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

Decision rationale: Request: Physical therapy for the left shoulder; 12 sessions. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has already had 18 physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy for the left shoulder; 12 sessions is not established for this patient at this time.