

Case Number:	CM15-0144081		
Date Assigned:	08/05/2015	Date of Injury:	05/14/2012
Decision Date:	09/22/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, California
 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 63-year-old male, who sustained an industrial injury on 5-14-2012. He reported falling down a mountain injuring the left knee, lower back and bilateral shoulders. Diagnoses include bilateral shoulder impingement syndrome, capsulitis with internal contracture and carpal tunnel syndrome. Treatments to date include anti-inflammatory, NSAID, opioid, topical medication, physical therapy, and steroid injections. Currently, he complained of ongoing bilateral shoulder pain and weakness of the hands. On 6-9-15, the physical examination documented decreased range of motion in the left and right shoulders. The appeal requested authorization for follow-up appointments for continued care-treatment of bilateral shoulders, the remaining six physical therapy sessions for bilateral shoulders, MRI of bilateral shoulders and a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointments bilateral shoulders (for continued care/treatment): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialty consultations/re-evaluations.

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

Decision rationale: ODG recommends follow-up office visits as medically necessary. In this case, the request does not specify a particular frequency or number of requested future appointments. Without such clarifying information, the request is incomplete and it is not possible to identify or apply a guideline in support of this request. Therefore, this request is not medically necessary.

Physical therapy bilateral shoulders x6-12 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 Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

MRI bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: ACOEM guidelines do not recommend relying primarily on imaging studies to evaluate the source of shoulder symptoms given the risk of false positive findings. At this time, the records do not provide a clear differential diagnosis to provide a clinical rationale and clinical decision pathway to support the requested shoulder imaging. Therefore, this requested study is not medically necessary.

Home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: MTUS recommends transition to independent home exercise. In this case, the records are not specific as to the contents of the requested home exercise kit. Without such details, it is not possible to apply a guideline. Therefore, the request is not medically necessary.