

Case Number:	CM15-0024569		
Date Assigned:	02/17/2015	Date of Injury:	01/08/2013
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on January 8, 2013. The injured worker had reported neck, mid back, elbow, forearm, wrists and hand pain as a result of repetitive duties. The diagnoses have included carpal tunnel syndrome, right rotator cuff tear and a cervical sprain/strain. Treatment to date has included medication management, physical therapy, a home exercise program, electromyography, bilateral carpal tunnel release, a right cubital tunnel release and a MRI of the cervical spine and right shoulder. MRI of the right shoulder revealed a complete tear without retraction. MRI of the cervical spine showed cervical disc disease and an annular tear at the cervical six-seven level. Current documentation dated January 8, 2014 notes that the injured worker complained of a burning sensation in the right shoulder. Physical examination revealed a decreased range of motion of the right shoulder. There was no documentation regarding right shoulder surgery. On January 21, 2015 Utilization Review non-certified a request for post-operative occupational therapy visits for the right shoulder # 12. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of post-operative occupational therapy visits for the right shoulder # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-operative occupational therapy - right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain including right shoulder pain. Being requested is therapy following surgery for repair of a right rotator cuff tear with surgery done in April 2014. The request was for 12 sessions of therapy beginning in November 2014. The claimant had already had therapy after her surgery. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the requested number of post-operative therapy visits is not consistent with the guidelines and therefore not medically necessary.