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| Case Number: | CM15-0057485 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 12/11/2009 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on August 25, 2014. She reported right shoulder, upper and lower extremity pain, back pain and psychological stress secondary to pain following a trip and fall over a light tripod. The injured worker was diagnosed as having major depressive disorder, status post carpal tunnel release and left cubital tunnel release, chronic lumbosacral strain and magnifying and malingering symptoms. Treatment to date has included diagnostic studies, psychotherapy, medications surgical interventions and work restrictions. Currently, the injured worker complains of continued shoulder pain and low back pain radiating down the back of the right leg. She reported using a cane for ambulation. She noted interrupted sleep and decreased ability to perform activities of daily living. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported previous good results with epidural injection following an earlier work related injury. Evaluation on September 26, 2014, revealed continued pain as noted. Evaluation on January 26, 2015, revealed continued pain as noted. Evaluation on February 10, 2015, revealed continued pain. Surgical intervention was discussed and she noted wishing to proceed. Post-operative physical therapy for the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Post-Operative Physical Therapy for the Right Shoulder 2 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CAMTUS Post operative treatment guidelines page 26 recommends 24 visits after arthroscopic rotator cuff repair, which the note of 2/3/15 indicates, is impending. Half the visits are initially recommended. As this request adheres to the guidelines it is felt to be medically necessary.