MAXIMUS Federal Services

Case Number:	CM14-0184970		
Date Assigned:	11/12/2014	Date of Injury:	02/09/2014
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male with an injury date of 2/9/14. The patient presents with shoulder injury and persistent pain. Per progress report by [redacted] 8/4/14, MRI scan from 3/27/14 showed subacromial impingement, loose body formation at right G-H joint and the patient was advised that surgery was indicated. Patient was seen for second opinion. Examination showed mildly reduced ROM of right shoulder, positive supraspinatus tenderness, greater tuberosity tenderness, AC joint tenderness, muscle strength in general was 4/5 compared to left side at 5/5, no neurologic deficit, positive AC joint compression, impingement I and II and III. Diagnostic impression was Status post industrial right shoulder sprain/strain and impingement syndrome with loose body formation, Feb 9 2014. The treating physician felt that the patient was an excellent candidate for arthroscopic shoulder decompression, and per 10/3/14 report, the patient is already schedule for this surgery on 10/8/14. Utilization review letter from 10/14/14 Authorize Post-operative therapy, but Denied requested transportation. Reports were provided from 5/22/14 to 10/14/14 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: This patient presents with chronic, persistent right shoulder pain for which shoulder decompressive surgery is scheduled for 10/8/14. The current request is for physical therapy 3 x4 to address post-operative care. This request was authorized by UR letter from 10/14/14. Post-operative guidelines for decompressive shoulder surgery recommends 24 sessions of therapy for "Sprained shoulder; rotator cuff" surgery. The current request is for 12 sessions of post-operative therapy, which is consistent with MTUS guidelines. The patient is already scheduled for surgery therefore the request is medically necessary.

2 trips to and from 2nd Post -Op Visit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

Decision rationale: This patient presents with right shoulder pain for which surgery is scheduled on 10/8/14. The request is for two trips to and from 2nd post-op visit. 10/3/14 report by the treating physician, transportation since the patient will be in a sling with an immobilizer and unable to drive. The treating physician would like the patient to have transportation for post-operative physical therapy as well. MTUS or ACOEM does not discuss transportation issues. ODG guidelines has the following under knee chapter, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The current request is specifically for two trips transportation for post-operative visitation although the treating physician's request from 10/3/14 appears to include request for post-operative therapy as well. It would appear medically reasonable to provide two transportation services given the patient's post-operative condition with immobilized shoulder. This may be challenging for the patient to drive for self-transport. The request appears medically reasonable, at least for 2 post-operative visitation until the patient is able to mobilize the shoulder. Therefore the request is medically necessary.