

Case Number:	CM14-0047200		
Date Assigned:	07/02/2014	Date of Injury:	11/13/2007
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 Medicine and Rehabilitation 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:

The injured worker is a 45-year-old male who reported an injury on 11/13/2007 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck and lower back. The injured worker's treatment history included medications, physical therapy, home exercise program, and chiropractic care. The injured worker was evaluated on 02/25/2014. It was noted that the injured worker complained of ongoing right shoulder pain. Physical findings included decreased range of motion of the right shoulder with a positive drop arm test, Neer's sign, and Hawkins sing on the right side. The injured worker's treatment plan included right shoulder surgery. A request was made for a preoperative medical clearance and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Testing (general).

Decision rationale: The requested preoperative medical clearance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines do not support routine preoperative testing unless there is evidence of complicating diagnoses that could put the injured worker at risk for intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any complicating factors that puts the patient at risk for developing intraoperative or postoperative issues. As such, the requested preoperative medical clearance is not medically necessary or appropriate.

Physical Therapy 20 sessions for right shoulder: Upheld

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

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

Decision rationale: The requested physical therapy 20 sessions of the right shoulder is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker is recommended to undergo surgical intervention. The California Medical Treatment Utilization Schedule recommends 12 visits of physical therapy in the postsurgical management of the requested surgery. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 20 sessions for the right shoulder is not medically necessary or appropriate.