

Case Number:	CM14-0099023		
Date Assigned:	09/16/2014	Date of Injury:	11/14/2012
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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, 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:

The patient is a 43-year-old male with an injury date of 11/14/2012. Based on the 05/08/2014 progress report, the patient complains of having pain in his right shoulder. It continues to pop and click which causes severe pain. The pain occurs over his shoulder joint. This pain radiates down to his elbows, and his elbows continue to lock. Range of motion causes severe pain along with popping. On 04/18/2013, the patient had a right shoulder arthroscopy with labral and rotator cuff repair. The patient's diagnoses include the following: 1. Carpal tunnel syndrome. 2. Localized, primary osteoarthritis of the shoulder region. 3. Subacromial bursitis. 4. Closed dislocation of shoulder region. 5. Sprain of shoulder rotator cuff. 6. Strain of rotator cuff capsule. 7. Glenoid labrum detachment. The utilization review determination being challenged is dated 06/16/2014. There were 2 treatment reports provided from 09/09/2013 and 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment between 5/8/14 and 8/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

Decision rationale: Based on the 05/08/2014 progress report, the patient complains of having right shoulder pain which radiates down to his elbows. The request is for pain management evaluation and treatment between 05/08/2014 and 08/11/2014. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues. In this case, the patient is requesting for a pain management evaluation which should be allowed according to ACOEM Guidelines. Recommendation is for authorization.

12 Physical Therapy Sessions between 5/8/14 and 8/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 05/08/2014 progress report, the patient complains of having right shoulder pain which radiates down to his elbow. The request is for 12 physical therapy sessions between 05/08/2014 - 08/11/2014. The 05/08/2014 progress report indicates that the patient has 6 to 8 sessions of physical therapy which "helped a little." The patient's right shoulder arthroscopy occurred in April of 2013, well over a year prior to the utilization review date. Therefore, MTUS Guidelines for excessive physical therapy were used. MTUS Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. These requested 12 sessions in addition to the 8 sessions of physical therapy the patient had previously had exceed what is allowed by MTUS. The request is not medically necessary.