

Case Number:	CM14-0215550		
Date Assigned:	01/05/2015	Date of Injury:	10/10/2011
Decision Date:	03/17/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 October 10, 2011. The diagnoses have included left shoulder status post arthroscopy, subacromial decompression, AC joint resection, residual carpal tunnel syndrome bilateral wrists and status post bilateral endoscopic carpal tunnel releases. Treatment to date has included Magnetic resonance imaging (MRI) of left shoulder, multiposition MRI of left shoulder with arthrogram, left shoulder arthroscopy, subacromial decompression, AC joint arthrosis and debridement labral tear on June 19, 2014, oral pain medication and anti-inflammatory medication, post-surgical physical therapy number of sessions not included in record. On October 22, 2014 the injured worker was seen for follow up and the provider noted the injured worker is about eighty percent better since the surgery to left shoulder. Currently, the injured worker complains of continued loss of motion of the left shoulder. On November 28, 2014 Utilization Review non-certified a left shoulder postoperative physical therapy quantity 18 and functional capacity assessment quantity, noting Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational and Environmental Medicine (ACOEM) was cited. On November 21, 2014, the injured worker submitted an application for IMR for review of left shoulder postoperative physical therapy quantity 18 and functional capacity assessment quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Left shoulder post-operative physical therapy Qty: 18.00.:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: According to the 07/02/2014 report, this patient is status post left shoulder arthroscopy, subacrominal decompression, and AC joint resection on 06/19/2014. The current request is for Associated Surgical Service: Left Shoulder Post-Operative Physical Therapy Qty: 18.00 but the treating physician's report containing the request is not included in the file. The Utilization Review denial letter states "The patient has been authorized for 18 post-op therapy sessions to date" and modified the request to 6 post-op therapy sessions. The patient's work status "as of 07/02/2014 to 08/01/2014 is temporarily totally disabled."

Associated surgical service: functional Capacity Assessment Qty: 1.00.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, has the following regarding functional capacity evaluations

Decision rationale: According to the 07/02/2014 report, this patient is status post left shoulder arthroscopy, subacrominal decompression, and AC joint resection on 06/19/2014. The current request is for Associated Surgical Service: Functional Capacity Assessment Qty: 1.00. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request IS NOT medically necessary.