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| Case Number: | CM15-0174154 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 08/24/2013 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 8-24-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right frozen shoulder posttraumatic, status post arthroscopic lysis of adhesions on 10-29-14, depression secondary to trauma and pain, and sacroiliac injury secondary to pelvic fracture; status post humerus fracture and Open Reduction Internal Fixation (ORIF) and pelvic ring fracture status post ORIF. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing pain, ongoing depression, and sacroiliac pain. On 7-23-15, the physical examination documented decreased range of motion of the right shoulder. The plan of care included psychiatry consultation and physical therapy. The appeal requested authorization for physical therapy once a week for six weeks to treat the right shoulder and a consultation with an acupressurist for treating the right shoulder. The Utilization Review dated 7-30-15, denied the request indicating the medical records failed to include the documentation to support medical necessity per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 27.

Decision rationale: According to the guidelines, physical therapy is recommended for up to 24 visits over 14 weeks to 4 months after shoulder surgery. Additional therapy is recommended in a home based program. In this case, the claimant had surgery 10 months prior to the request. The amount of therapy completed prior is unknown. There is no indication that the claimant cannot perform additional therapy at home. The request for additional shoulder therapy is not medically necessary.

Consultation with an acupressurist, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Office visit.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In this case, the claimant has undergone shoulder injury. There is no mention of spasms or use of pain medication that is not providing sufficient relief for which alternative modalities are needed. The amount of sessions requested is unknown. There is no indication of a complex diagnosis that requires consultation. The request for acupuncture consultation is not medically necessary.