MAXIMUS Federal Services

Case Number:	CM15-0028187		
Date Assigned:	02/20/2015	Date of Injury:	09/10/2012
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of September 10, 2012.In a Utilization Review Report dated February 5, 2015, the claims administrator failed to approve request for postoperative physical therapy for the shoulder and supplies for an electrical muscle stimulator device. The claims administrator referenced a January 21, 2015 progress note in its determination. The claims administrator also cited a mislabeled/ misnumbered reference to MTUS 9792.20f in its determination. The applicant's attorney subsequently appealed. On January 24, 2015, the applicant reported ongoing complaints of shoulder pain. The attending provider suggested that the applicant only had 12 sessions of physical therapy. Additional physical therapy was sought, along with supplies for the muscle stimulator device at issue. The applicant was no longer working, it was acknowledged, and had been terminated by her former employer. 130-140 degrees of shoulder flexion and abduction were appreciated. The applicant was status post earlier shoulder surgery on October 22, 2014, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op rehab therapy twice a weeks for four weeks (2x4) for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for eight sessions of postoperative physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. The applicant had reportedly had 12 sessions of postoperative physical therapy through the date of the request. The Postsurgical Treatment Guidelines in MTUS 9792.24.3 endorse a general course of 24 sessions of physical medicine treatment following shoulder surgery for rotator cuff syndrome/ impingement syndrome, as transpired here on October 22, 2014. The attending provider's documentation, while handwritten, difficult to follow, somewhat incomplete, did suggest that the applicant was making strides in terms of improved range of motion and strength with earlier treatment. The applicant did have residual range of motion deficits on or around the date of the request, January 21, 2015. Additional functional improvement was possible here on or around the date in question. Therefore, the request was medically necessary.

Additional VQ supplies for home EMS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 121 of 127.

Decision rationale: Conversely, the request for additional VQ supplies for home electrical muscle stimulator (EMS) unit was not medically necessary, medically appropriate, or indicated here. The EMS device at issue represents a form of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post-stroke rehabilitative context. NMES is not, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, recommended in the chronic pain context present here. Therefore, the request for associated VQ supplies was not medically necessary.