MAXIMUS Federal Services

Case Number:	CM15-0062121		
Date Assigned:	04/08/2015	Date of Injury:	05/19/2012
Decision Date:	05/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 59 year old female sustained an industrial injury to the right upper extremity on 5/19/12. The injured worker underwent open reduction internal fixation with conversion to hemi to reverse total shoulder arthroplasty on 1/22/15. In a progress note dated 3/2/15, the injured worker complained of right arm pain. The physician noted that her arm looked good. Physical exam was remarkable for right arm pain, especially around the radial nerve head but the radial nerve did function. X-rays shoulder reverse total shoulder arthroplasty in place and a humerus fracture with early callus forming. Current diagnoses included shoulder pain. The treatment plan included physical therapy, occupational therapy, medications (Oxycontin, Ambien and Neurontin) sling and fracture brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.

Pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. The worker has been treated with multiple modalities of pain management including surgery and medications with improving functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records. Therefore, the request is not medically necessary.