

Case Number:	CM15-0093670		
Date Assigned:	05/21/2015	Date of Injury:	12/28/2013
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Emergency 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 42-year-old woman sustained an industrial injury on 12/26/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine muscle spasm, lumbar spine muscle spasm, left shoulder muscle spasm, loss of sleep, and psych component. Treatment has included oral medications and surgical intervention. Patient is post shoulder arthroscopic surgery with subacromial decompression, debridement and DCR on 2/5/15. Patient has been approved and completed at least 40 physical therapy postoperative sessions. Physician notes dated 4/13/2015 show complaints of right shoulder pain and cramping, associated loss of sleep, depression, anxiety, and irritability. Documentation states that patient has improved strength and pain with ongoing physical therapy. Recommendations include post-surgical physical therapy, kinetic activities, orthopedic surgeon follow up, and psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient is in the postoperative recovery period. Follow-up with orthopedist who performed surgery is recommended. The request is medically necessary.

Psychological referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: As per MTUS Chronic pain guidelines, behavioral interventions for pain is recommended for management and aid in chronic pain. However, the provider has failed to provide any justification concerning patient's psychological issues. There is vague mention of depression, anxiety and irritability but the lack of even basic assessment does not support referral to psychological treatment. Psychological referral is not medically necessary.

Post operative Physical therapy x 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Post-surgical treatment guidelines recommend up to 24 physical therapy sessions after surgery patient had received. Pt has received or been approved up over 40 PT sessions. There is no documentation as to why patient cannot continue to perform home exercise and self-directed PT with skills taught. The request for more PT exceeds guideline recommendation. Additional physical therapy is not medically necessary.