MAXIMUS Federal Services

Case Number:	CM13-0020067		
Date Assigned:	12/11/2013	Date of Injury:	01/23/2007
Decision Date:	01/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported a work-related injury on 01/23/2007. The mechanism of injury was noted as the patient tripped and fell onto his right elbow and shoulder while holding onto a patient. The patient has undergone right shoulder surgeries for rotator cuff repair and right wrist scaphotrapezial fusion that has been complicated by an injury to the musculocutaneous nerve as demonstrated by electrodiagnostic studies, as well as the development of a tensional tremor that precludes use of the right arm. The patient has undergone Botox injections and has also attended more than 100 physical therapy sessions. The patient is currently retired. Request was made for physical therapy sessions weekly for 36 weeks for treatment to the right shoulder and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for physical therapy sessions weekly for 36 weeks in treatment to the right shoulder and right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Recent clinical documentation submitted for review stated the patient received authorization for a neurology consultation. The patient stated his physical therapist had detected a reduction in range of motion his shoulder and elbow. The patient had been out of town and had not attended physical therapy on a weekly basis and this was likely the cause of the reduction in range of motion. The patient's tremor remained unchanged and he was requesting additional ibuprofen. Objective findings included an ever present tremor of the right upper extremity that oscillates mildly when at rest. When examination is performed to any portion of the right upper extremity, the tremor becomes almost violent. The assessment was noted as post-traumatic dystonia of the right upper extremity, right shoulder adhesive capsulitis, right upper extremity tremor, and labral tear of the right shoulder. California Chronic Pain Medical Treatment Guidelines indicate that active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation stating the patient was undergoing a home exercise program. Physical medicine guidelines indicate to allow for fading of treatment frequency, plus active, self-directed home physical medicine. The patient has attended more than 100 physical therapy sessions for his right upper extremity. There was no evidence noted the patient would not be able to perform an independent home exercise program at this point. Therefore, the decision for physical therapy sessions weekly for 36 weeks in treatment to the right shoulder and right arm is non-certified.