

Case Number:	CM13-0023807		
Date Assigned:	12/11/2013	Date of Injury:	11/03/2012
Decision Date:	01/28/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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.

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 41-year-old male who reported an injury on 11/03/2012. According to the documentation dated 12/10/2013, the patient was seen for a chief complaint of neck pain which has some radiating pain into his fingers. The patient has already undergone a right shoulder rotator cuff repair surgery that was performed on 03/18/2013. A second procedure was performed on 08/19/2013 which involved right shoulder manipulation under anesthesia and right shoulder arthroscopy with lysis of adhesions and rotator interval release. The patient has participated in a few sessions of physical therapy, and also had an electrodiagnostic study/evaluation performed, which noted electrical evidence of right carpal tunnel syndrome, but no electrical evidence of cervical radiculopathy in the right upper extremity. The physician is now requesting urgent physical therapy 2 times a week for 4 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent request for eight (8) physical therapy two times a week times four weeks, right shoulder: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate

discomfort. As noted in the documentation dated 12/10/2013, the patient is experiencing a burning sensation in his fingers and temperature changes in his right hand as well as swelling. Under the physical medicine guidelines, physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Furthermore, it notes that, for a patient who is experiencing reflex sympathetic dystrophy, a patient would be allowed 24 visits over 16 weeks. The patient has not been noted as having exceeded the maximum allowance for physical therapy sessions, and he stated that he is having the subjective signs and symptoms of reflex sympathetic dystrophy to include temperature changes and swelling in his hand. However, the documentation provided for review, does not provide objective measurements to verify these signs and symptoms. Therefore, it is unclear if the patient is a true candidate for an additional 8 sessions of physical therapy due to a reflex sympathetic dystrophy diagnosis. At this time, the request for additional physical therapy at 2 times a week for 4 weeks for the right shoulder cannot be warranted for this patient. As such, the request is non-certified.