

Case Number:	CM13-0033952		
Date Assigned:	12/06/2013	Date of Injury:	07/14/1999
Decision Date:	03/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation, 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 43-year-old male who reported an injury on 07/14/1999. The mechanism of injury was flipping a cast iron pan and then a subsequent fall. The patient's initial injuries occurred to his left wrist and right hand; however, due to overcompensation, the patient's bilateral shoulders were also affected. Over the years, the patient has undergone multiple shoulder and wrist surgeries; there is also note on several occasions that the patient has had in-operative injuries and immediate postoperative injuries that have worsened his condition. The most recent operative procedure was performed on 09/18/2013, and included an arthroscopic distal clavicle excision, extensive debridement of the anterior and posterior labral fraying, and open biceps tenodesis. Prior to this surgery, the patient is known to have received 24 sessions of physical therapy for his left upper extremity. At the completion of these sessions on 08/19/2013, the patient was noted to continue complaining of discomfort in the left ring finger and palm over the 4th metacarpal. It was noted that the patient has 14% less than normal range of motion values to the ring finger, but that overall, his range of motion has improved greatly, as did his grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 20.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend up to 10 visits for an unspecified myalgia after an initial 6 visit clinical trial has been performed and found to be effective. Guidelines also state that for postoperative physical therapy for arthritis of the shoulder, up to 24 visits of physical therapy is recommended. As the current request did not specify what kind of physical therapy would be performed, whether it was for postoperative reasons or continued on for myalgia, the medical necessity of this request cannot be determined. Furthermore, there was no specification within the request as to how many physical therapy sessions were being requested. As such, the request for continued physical therapy is not medically necessary and appropriate.