

Case Number:	CM13-0064723		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2011
Decision Date:	07/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert 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 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/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:

This patient sustained an injury on 5/2/11 while employed by [REDACTED]. The requests under consideration include hand therapy, right arm: eight treatments. Diagnoses include Rotator Cuff sprain/strain s/p postsurgical status with rotator cuff repair on 8/29/11 and derangement of shoulder. Conservative care has included hand therapy, injections, medications, and modified activities. Currently, the patient has authorization for plastic surgeon evaluation for a thermal burn. Exam of 11/12/13 showed well-healed arthroscopic portal holes on right shoulder; tenderness at anterior aspect. Treatment plan was to continue medications and another course of hand therapy for right arm. Review indicated two visits of hand therapy for right upper extremity completed on 10/4/13. The request for Hand therapy was not medically necessary on 11/26/13 citing guidelines criteria medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY, RIGHT ARM: 8 TREATMENTS; RFA 11/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: This patient sustained an injury on 5/2/11 while employed by [REDACTED]. The request under consideration includes hand therapy, right arm: eight treatments. Diagnoses include Rotator Cuff sprain/strain s/p postsurgical status with rotator cuff repair on 8/29/11 and derangement of shoulder. Conservative care has included hand therapy, injections, medications, and modified activities. Currently, the patient has authorization for plastic surgeon evaluation for a thermal burn. An Exam of 11/12/13 showed well-healed arthroscopic portal holes on right shoulder; tenderness at anterior aspect. Treatment plan was to continue medications and another course of hand therapy for right arm the review indicated some hand therapy for right upper extremity on 10/4/13. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended per the Guidelines to have transitioned to an independent HEP for this 2011 injury. The hand therapy, right arm: Eight treatments are not medically necessary and appropriate.