

Case Number:	CM13-0064905		
Date Assigned:	01/03/2014	Date of Injury:	03/18/2011
Decision Date:	06/27/2014	UR Denial Date:	12/10/2013
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 & Rehabilitation and is licensed to practice in Minnesota. 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:

The injured worker was a 51-year-old female who reported an injury on 03/18/2011. The mechanism of injury was reported as repeated repetitive motion. Within the clinical note dated 10/07/2013, the injured worker complained of neck pain and stiffness. The injured worker complained of joint pain, muscle pain, and muscle weakness. Upon the physical examination, the provider noted paraspinal muscle tenderness and cervical spine range of motion was normal. The provider noted the left shoulder had decreased range of motion. The provider requested postoperative physical therapy for left shoulder (16) visits and postoperative physical therapy right wrist (12) visits. However, a rationale was not provided for review within the documentation. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR LEFT SHOULDER (16): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Postsurgical Treatment Guidelines , ,

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

Decision rationale: The injured worker complained of neck pain and neck stiffness. The injured worker complained of joint pain, muscle pain, and muscle weakness. The MTUS Postsurgical Guidelines recommend for left shoulder arthropathy a postsurgical treatment of 24 visits over 10 weeks. The MTUS Guidelines also note a post-surgical physical medicine treatment period of 6 months. The initial course of therapy means one-half of the number of visits specified in the general course of therapy for specific surgery in the postsurgical physical medicine treatment recommendations. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. There was a lack of clinical documentation submitted indicating the injured worker to have had left shoulder surgery and left carpal tunnel surgery. There was lack of clinical and objective documentation submitted to establish a baseline for postoperative physical therapy. Additionally, the request for 16 visits exceeds the MTUS Guidelines' recommendations of an initial course of therapy of 12 visits. Therefore, the request is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY RIGHT WRIST (12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Postsurgical Treatment Guidelines , ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The MTUS Postsurgical Guidelines note there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. The Guidelines also note benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not resolve in extended time off work while undergoing multiple therapy visits, when other options, including surgery for carefully selected patients could resolve in faster return to work. The MTUS Postsurgical Treatment Guidelines recommend for postoperative carpal tunnel therapy 3 to 8 visits over 3 to 5 weeks with a 3 month treatment period. There was lack of documentation indicated the injured worker's prior course of therapy as well as the efficacy of the prior therapy. There was a lack of documentation clinical documentation submitted indicating the injured worker to have had left shoulder surgery and left carpal tunnel surgery. Additionally, the request submitted for 12 postoperative visits exceeds guideline recommendations of 3 to 8 visits. Therefore, the request is not medically necessary and appropriate.