

Case Number:	CM14-0003326		
Date Assigned:	01/31/2014	Date of Injury:	05/10/2010
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery, 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:

The patient is an employee of [REDACTED] who has submitted a claim for cervical and lumbar strain; right hand third finger strain; and right shoulder rotator cuff tear; associated from an industrial injury date of 05/10/2010. Treatment to date has included home exercise, physical therapy, chiropractic therapy, acupuncture, Fioricet, Naproxen, Zanaflex, Prilosec, Theramine, Glucosamine, Prozac, Norco, Ambien, Flexeril, Flurbi Cream-LA, Gabacyclotram, Metformin, Glipizide, Naprosyn, Tylenol with codeine, right rotator cuff repair with arched decompression and partial distal clavicle excision on 09/17/13, and trigger finger release on 09/17/13. Medical records from 08/13/2010 to 01/15/2014 were reviewed showing that patient complained of constant sharp cervical and lumbar spine, right shoulder, and right hand pain with radiation, stiffness and weakness that is temporarily relieved by medications. Physical examination showed cervical and lumbar spine, right shoulder, and right hand tenderness with limitation of movement. Utilization review from 12/24/2013 approved the request for six physical therapy sessions, right shoulder because it would seem to be in keeping with the California Postsurgical Treatment Guidelines which allow 24 sessions in 16 weeks; and denied the request for additional physical therapy sessions, right hand - 3rd finger because patient has had adequate therapy for the finger, and due to lack of documentation of significant deficits in terms of range of motion of the finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X6 TO THE RIGHT SHOULDER AND RIGHT HAND-3RD FINGER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.: London, England, www.clinicalevidence.com, Section: Musculoskeletal Disorders; Condition; Shoulder Pain.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: As stated on pages 23 and 28 of Post-Surgical Treatment Guidelines, a postsurgical physical medicine treatment period of 40 visits over 16 weeks is recommended for rupture of rotator cuff; while 9 visits over 8 weeks of therapy is advised for trigger finger. In this case, the patient underwent right shoulder rotator cuff repair with arched decompression and partial distal clavicle excision, and trigger finger release on 09/17/13. Patient had previous physical therapy sessions, however, the total number of visits is unknown due to lack of documentation. Furthermore, functional outcomes derived from it were not documented. The medical necessity has not been established at this time due to lack of information. Therefore, the request for physical therapy x6 to the right shoulder and right hand-3rd finger is not medically necessary.