

Case Number:	CM14-0007450		
Date Assigned:	02/07/2014	Date of Injury:	12/03/2005
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

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:

Patient is a 49-year-old female who has submitted a claim for right shoulder impingement syndrome, left shoulder impingement, s/p right carpal tunnel release, status post right arthroscopic subacromial decompression associated with an industrial injury date of December 3, 2005. Medical records from 2012-2013 were reviewed which revealed persistent right shoulder, right wrist and left wrist pain. Medications facilitated greater function. She was able to perform her ADLs upon intake of medications. Physical examination showed tenderness in the right shoulder. Right shoulder abduction was at 110 degrees and forward flexion was at 110 degrees. Cervical spasm was noted. Treatment to date has included right carpal tunnel release on 10/12, right arthroscopic subacromial decompression on 6/2013, physical therapy sessions, home exercises, cold and heat modalities, activity modification and TENS. Medications taken include, NSAID, Pantoprazole, Cyclobenzaprine 7.5mg and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 TIMES 4 FOR THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already completed 12 physical therapy sessions postoperatively dated 9/2013. Medical record reported diminution in pain and improved range of motion with physical therapy sessions. However, there is no documentation regarding the necessity for additional physical therapy of the right shoulder. Furthermore, patient should now be transitioned to a home exercise program. Therefore, the request for additional physical therapy 3 times a week for 4 weeks for the right shoulder is not medically necessary.

ADDITIONAL PHYSICAL THERAPY FOR THE BILATERAL WRIST/HANDS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already completed 20 physical therapy sessions since right carpal tunnel release dated October 2012. However, functional gains derived from previous sessions, as well as current limitations in activities of daily living are not documented in the medical records submitted for review. Furthermore, there is no discussion why the patient is still not versed to perform independent exercises at home. Therefore, the request for additional physical therapy for the bilateral wrist/hands is not medically necessary.