

Case Number:	CM14-0007509		
Date Assigned:	02/10/2014	Date of Injury:	09/15/2009
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine & 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:

The patient is a 67 year-old male who was injured on 9/15/2009. He has been diagnosed with cervical spine disc syndrome; bilateral cervical radiculopathy, C5; s/p right shoulder surgery x2 in 2004 and 2011; adhesive capsulitis right shoulder; right shoulder partial rotator cuff tear; s/p right CTR; insomnia; GERD; elevated liver function tests secondary to hydrocodone. According to the 12/2/13 orthopedic report from [REDACTED], the patient presents with 8/10 neck pain, 6/10 right shoulder pain and 6/10 right wrist pain. He had 10 PT sessions, he had 3 cortisone injections to the right shoulder. The right CTR was on 9/13/13. The plan was for additional PT for the right hand with low-level work conditioning 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (WITH LOW-LEVEL WORK CONDITIONING) 2 X 4 FOR THE RIGHT HAND: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Physi.

Decision rationale: The MTUS Postsurgical Guidelines indicate the physical medicine treatment timeframe for CTR is 3-months. The patient had about 10-11 days remaining in the postsurgical physical medicine treatment timeframe. The physician's request for PT 2x4 will have 2-weeks in the postsurgical physical medicine treatment timeframe and 2-weeks outside this frame where the MTUS Chronic Pain Guidelines apply. For the 2-weeks, 4 visits in the postsurgical timeframe, the MTUS Chronic Pain Guidelines states: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The treatment in this timeframe is in accordance with the MTUS Postsurgical Guidelines. For the 2-weeks/4 visits outside the postsurgical timeframe, the MTUS Chronic Pain Guidelines allow up to 8-10 sessions of PT for various myalgia and neuralgias. The request for PT 2x4 for the right hand appears to be in accordance with the MTUS Guidelines. The request is medically necessary and appropriate.