

<b>Case Number:</b>	CM14-0177901		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/31/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Hand Surgery, and is licensed to practice in Texas. 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 is a 28-year-old male who reported injury on 05/31/2010 due to his body striking the steering wheel. His diagnoses include lumbar disc disorder, joint derangement to the right shoulder, and carpal tunnel syndrome. His past treatment included surgery, medication, physical therapy, and brace. The injured worker had a right shoulder arthroscopy, subacromial decompression, mini open Mumford, and a rotator cuff repair on 09/05/2014. On 09/17/2014, the injured worker complained of constant right shoulder pain rated 5/10 along with constant right wrist/hand pain rated 7/10. The physical examination noted the right shoulder to be healing well after the surgery on 09/05/2014 with no signs of infection. The notes indicate signs of erythema, cellulitis, some swelling, drainage and stiffness due to immobilization. However, the neurovascular status is grossly intact. The examination of the wrist/hand noted tenderness over the volar aspect of the wrist, positive palmar compression test, a positive Tinel's sign. However, full range of motion is noted with no evidence of instability or swelling. However, sensation is noted to be diminished or decreased in the radial digits. His medications included fenoprofen calcium 400 mg, tramadol ER 150 mg, cyclobenzaprine hydrochloride 7 mg, omeprazole 20 mg, Ondansetron 8 mg, and levofloxacin 750 mg. Dosage and frequency were not provided. The treatment plan included medication refills, a request for electromyography (EMG)/nerve conduction velocity (NCV) study of the bilateral upper extremities, and a request for course of physical therapy to the right shoulder, wrist/hand for 3 times a week for 4 weeks. A request was submitted for associated surgical services: Physical therapy 3 times a week for 4 weeks to the right shoulder, hand and wrist. A rationale was not provided. A Request for Authorization form was submitted on 08/22/2014 for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy three times a week for four weeks to the right shoulder, hand and wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Procedure Summary

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

**Decision rationale:** The request for associated surgical service: physical therapy 3 times a week for 4 weeks to right shoulder, hand and wrist is not medically necessary. According to the California MTUS Guidelines, physical medicine may be allotted for the postsurgical procedures of rotator cuff syndromes or impingement syndromes for up to 24 visits. The injured worker was noted to be status post joint derangement to the right shoulder. However, clinical notes indicated that the injured worker was certified 12 postoperative physical therapy visits. There is a lack of documentation to indicate the authorized postoperative physical therapy visits to have been completed. Furthermore, the documentation does not include details in regard to improvement with functional deficits or any objective measurable findings to indicate exceptional factors to warrant additional physical therapy visits. Therefore, the request is not supported by the guidelines.