

Case Number:	CM14-0023913		
Date Assigned:	06/11/2014	Date of Injury:	05/12/2008
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 68 year-old with a date of injury of May 12, 2008. A progress report associated with the request for services, dated December 14, 2013, identified subjective complaints of right shoulder pain. Objective findings included a well healed incision with swelling of the right shoulder. Diagnoses included right sprain/strain of the right elbow, wrist, and hand; status-post right shoulder rotator cuff repair; possible cervical disc disease, and NSAID-induced gastritis. Treatment has included shoulder arthroscopy with acromionectomy on December 14, 2013. A Utilization Review determination was rendered on January 29, 2014 recommending non-certification of "physiotherapy 3 times per week for 6 weeks for the hands and shoulder; heat pad; paraffin wax unit".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 3 TIMES PER WEEK FOR 6 WEEKS FOR THE HANDS AND SHOULDER (QTY: 18): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11, 12, 27.

Decision rationale: The MTUS Postsurgical Guidelines for the shoulder recommend postsurgical physical medicine (PT) consisting of a general course of therapy of 24 visits over 14 weeks with a treatment period of 6 months. The general postoperative physical therapy guidelines state that: "Treatment is provided to patients to facilitate postsurgical functional improvement". An initial course of therapy is to be prescribed that consists of half the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the general course guidelines. They further note that: "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 UR non-certification did not consider the claimant's postoperative status. However, an initial course would be 12 visits. The request for 18 visits exceeds the initial recommendations without documentation of functional improvement. Therefore, the record does not document the medical necessity for 18 sessions of physical therapy.

HEAT PAD QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that the use of at-home applications of heat or cold packs to aid exercises is optional. The UR non-certification was based upon lack of documentation of signs or symptoms that would necessitate a heating pad. However, the claimant complained of pain post surgery. Therefore, the record does document the medical necessity for a heating pad.

PARAFFIN WAX UNIT QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Paraffin Wax Baths.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Paraffin Wax Baths.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that the use of at-home applications of heat or cold packs to aid exercises is optional. They do not address the use of paraffin wax baths for the shoulder. The Official Disability Guidelines (ODG) recommends them as an option for arthritic hands. There is no recommendation for the shoulder. Therefore, the record does not document the medical necessity for a paraffin wax unit.