

Case Number:	CM14-0031705		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2011
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 claimant is a 69 year old female, injured on 11/10/11, with medical records that document that she underwent right shoulder arthroscopy and subacromial decompression in December 2013. The physician's report of 2/10/14 noted continued complaints of pain in the right shoulder, elbow, wrist and hand. Examination revealed shoulder tenderness to palpation, restricted range of motion and a hand and wrist examination was positive for Phalen's and Tinel's testing. Documentation of conservative care following shoulder surgery was not noted. There is a current request for twelve sessions of additional post operative physical therapy for the shoulder, twelve sessions of physical therapy to the hand and wrist and the use of a walker. There is no indication of gait disturbance or imbalance indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy for twelve sessions for the hand and wrist cannot be recommended as medically necessary. The medical records document physical examination findings consistent with carpal tunnel syndrome. There is no documentation of previous treatment for the hand or wrist noted. The Chronic Pain Guidelines recommend physical therapy when there is an acute exacerbation of pain complaints but typically for no more than nine to ten visits. The request for twelve sessions of physical therapy for the claimant's hand or wrist without documentation of recent conservative measures exceeds the Chronic Pain Guidelines and cannot be supported.

Post-operative physical therapy three times a week for four weeks for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post Surgical Rehabilitative Guidelines would not support twelve additional sessions of physical therapy. At the time of request, the claimant was greater than four months following the time of shoulder arthroscopy and decompression. It was unclear as to how many current physical therapy sessions in the post operative setting have been noted. The medical records do not document any weakness or functional deficit on examination. Continued use of physical therapy at this stage in the sub-acute setting of claimant's December 2013 subacromial decompression would not be indicated.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and leg Chapter: Walking aids (canes, crutches, braces, orthoses and walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for a walker would not be indicated. There is no documentation that the claimant is not capable of performing land based gait function. While she underwent an arthroscopy of the shoulder in December 2013, there is currently no working diagnosis that would be indicative of an inability to ambulate or perform ambulation activities without an ambulator device. The request is not medically necessary.