

Case Number:	CM14-0061471		
Date Assigned:	07/09/2014	Date of Injury:	02/08/2012
Decision Date:	08/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 61-year-old who reported a cumulative injury due to continuous trauma to the neck, bilateral shoulders, bilateral wrists and hands on February 8, 2012. On March 4, 2014, he complained of bilateral shoulder pain greater on the right side than on the left, right elbow pain and bilateral leg pain with numbness and tingling. Physical examination of the cervical spine revealed diffuse tenderness to palpation. There was pain with flexion and extension. Examination of the right shoulder demonstrated tenderness to palpation over the lateral and anterior aspects. He had 120 degrees of active flexion with positive Neer, Hawkins and Jobe signs. The left shoulder examination revealed generalized tenderness to palpation with positive Neer, Hawkins and Jobe signs but not nearly as significant as those on the right shoulder. The right elbow examination demonstrated diffuse tenderness to palpation without swelling. There was a healed incision from surgery. The left elbow examination revealed generalized tenderness to palpation with no swelling noted. His diagnoses included: cervical spine/upper back sprain/strain, cervical spine degenerative disc disease, thoracic spine sprain/strain, right shoulder impingement with subacromial bursitis and rotator cuff tendinopathy, right acromioclavicular joint arthropathy, right shoulder joint arthrosis, right shoulder moderate to severe degenerative arthritis of the glenohumeral and acromioclavicular joints, tendinosis of the supraspinatus and subscapularis tendons, degenerative changes in the labrum with a small tear in the posterior horn and a tear at the long head of the biceps tendon, right shoulder arthroscopy/ subacromial decompression surgery, performed on May 6, 2013, left shoulder moderate to severe degenerative arthritis of the glenohumeral and acromioclavicular joints, tendinosis of supraspinatus tendon, narrowing of the subacromial space(per MRI of March 30, 2012), right elbow ulnar neuropathy and right elbow Guyon canal entrapment, right wrist

carpal tunnel syndrome, right wrist chronic tenosynovitis, right wrist ganglion cyst (per EMG [electromyogram]/NCV [nerve conduction velocity] of May 30, 2012), right elbow ulnar decompression surgery on 09/10/2012, right carpal tunnel release done on September 10, 2012, left wrist chronic tenosynovitis and left carpal tunnel release done on January 28, 2013. It was noted in the treatment plan that this worker was 10 months status post right shoulder surgery. His right shoulder had not been responding properly since the surgery. He had not shown improved range of motion or improved strength. He had significant weakness in his right shoulder. The rationale for the request read, All of the clinical evidence leads back to the improper healing of the rotator cuff tendons. The plan of care goes on to state that the examining physician requested right shoulder revision arthroscopy for possible rotator cuff repair and 12 sessions of postoperative physical therapy. The only medication mentioned in the progress note was Norco, of unknown dosage. There was no request for authorization included with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the postsurgical treatment guidelines and initial course of therapy means one-half of the number of visits specified in the general course of therapy for this specific surgery in the postsurgical physical medicine treatment recommendations. For rotator cuff syndrome/impingement syndrome, the postsurgical treatment for arthroscopic surgery is twenty-four visits over fourteen weeks. The request for twelve sessions falls within the guidelines, however there is no documentation that the requested surgery ever took place. Additionally, there is no delineation of what body part the physical therapy treatments were to be applied to. Therefore, the request for postoperative physical therapy, twice weekly for six weeks, is not medically necessary or appropriate.