MAXIMUS Federal Services

Case Number:	CM14-0063403		
Date Assigned:	07/11/2014	Date of Injury:	06/12/2009
Decision Date:	08/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male with a reported injury on 06/12/2009.The injured worker was working as a truck driver, operating heavy equipment. His job consisted of frequent lifting, bending, stooping, carrying, sitting, frequent kneeling and squatting, intermittent climbing and twisting, pushing, pulling, grasping, reaching, intermittent overhead reaching, constant walking on uneven ground and constant fingering activities. The mechanism of injury was due to repetitive movement. The injured worker had a comprehensive evaluation done on 10/08/2013 where he complained of bilateral shoulder pain and right hand and wrist pain with numbness and tingling. The injured worker did have surgery on his shoulder on 02/07/2013. The injured worker described the pain as constant 3/10 to 4/10 in severity and intermittent exacerbations to 8/10 to 10/10 pain. His pain would get worse with overhead reaching activities and lifting with the right arm. He complained of right hand and wrist pain with intermittent in severity from 3/10 to 4/10 with exacerbating pain when gripping, grasping, torquing, and lifting activities with the right hand. The injured worker denies having any previous chiropractic treatment. His medication list consisted of metformin, Vicodin, Ibuprofen, and Amitriptyline. It was mentioned that the injured worker was doing physical therapy and home exercise program and it did reveal there was improvement. He did have an assessment on 02/15/2013 for post left shoulder rotator cuff repair with stiffness and developing adhesive capsulitis. The recommended plan of treatment is to follow-up with an orthopedic surgeon regarding a possible right carpal tunnel syndrome condition, and to follow-up with the orthopedic surgeon for possible additional bilateral shoulder surgery. On 12/18/2013, the injured worker did have a follow-up examination with the orthopedic surgeon where it was noted for the injured worker to have decreased muscle mass in the bilateral first dorsal interossei. He had also findings consistent with the right carpal

tunnel syndrome. It was mentioned in the future medical care that the patient was a candidate for right carpal tunnel release. There was no mention of postop physical therapy 2 times a week for 4 weeks for tendon and nerve gliding. And it was not specified as to whether this is for the shoulder or for the hand. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy two times a week for four-five weeks including tendon and nerve gliding protocol and scar management: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16, 27.

Decision rationale: The California MTUS Guidelines under post-surgical treatment recommends the surgical treatment for initial therapy to be 1 half of the number of visits specified in the general course of therapy. One half of the shoulder therapy for the rotator cuff repair would be a total of 12 visits. The recommended number of sessions for carpal tunnel is 1 to 4 visits, which the recommendation for the carpal tunnel syndrome repair release would be over the recommended amount. Furthermore, the request does not specify as to whether it is for the shoulder or for the hand. The injured worker had shoulder surgery on 02/07/2013; however, the recommended plan of treatment was for carpal tunnel release. It is unknown if the carpal tunnel release was approved or performed. Therefore, without further clarification of which body part is requested, the request for Postoperative physical therapy two times a week for four-five weeks including tendon and nerve gliding protocol and scar management is not medically necessary and appropriate.