

Case Number:	CM14-0063821		
Date Assigned:	07/11/2014	Date of Injury:	10/01/1998
Decision Date:	09/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and hand pain reportedly associated with an industrial injury of October 1, 1998. Thus far, the applicant has been treated with analgesic medications; attorney representation; earlier trigger finger release surgery on December 4, 2013, shoulder surgery on September 4, 2013; 40 sessions of postoperative physical therapy for the shoulder; and 12 sessions of postoperative occupational therapy for the hand, per the claims administrator. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the shoulder and hand, citing the postsurgical treatment guidelines, despite the fact that the applicant appeared to be outside of the six-month postsurgical physical medicine treatment period following shoulder surgery. The applicant's attorney subsequently appealed. In an operative report of December 4, 2013, the applicant underwent a ganglion cyst excision as well as a fourth digit A1 pulley release procedure. On February 11, 2014, the applicant was described as having undergone a right shoulder re-do arthroscopic rotator cuff repair surgery with biceps sheath release. The applicant was given work restrictions and asked to pursue additional physical therapy. 90 to 120 degrees of shoulder range of motion were appreciated. It was not stated whether or not the applicant was working at [REDACTED] with said limitations in place. On physical therapy progress note of November 21, 2013, it was stated that the applicant had a variety of issues which were delaying her recovery, including her age (71).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Right Shoulder and Right hand 2 x 6 week.: Upheld

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

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and in MTUS 9792.24.3.c.4, the frequency of visits should be gradually reduced or tapered over time as an applicant gains independence in management of symptoms and with achievement of functional goals. The request for 12 additional sessions of physical therapy on an around the date in question, some seven to eight months removed from the date of shoulder surgery and some four to five months removed from the date of trigger finger release surgery, thus, runs counter to MTUS parameters and principles. No attempt was seemingly made to reduce, taper, or fade the frequency of treatment over time and transition the applicant toward self-directed home physical medicine. It was further noted that the 12-session course of treatment proposed, in and of itself, does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias of the shoulder and also in excess of the 9 sessions of treatment recommended following trigger finger release surgery, as apparently transpired here. For all of the stated reasons, then, the request is not medically necessary.