MAXIMUS Federal Services

Case Number:	CM14-0205262		
Date Assigned:	12/17/2014	Date of Injury:	06/03/2010
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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:

This 54 year-old patient sustained an injury on 6/3/10 while employed by [redacted] Request(s) under consideration include Post-op Physical Therapy 2xWk x 6 Wks. to Right Shoulder. Diagnoses include right wrist/hand paresthesia s/p right wrist surgeries/ right wrist arthrofibrosis and compensatory left wrist injury; right shoulder impingement and MRI with SLAP tear. Report of 10/30/14 noted chronic ongoing right shoulder complaints. Exam showed unchanged findings of right wrist limited range; loss of sensation in 4th and 5th digits; no numbness/ tingling to left wrist; right shoulder with tenderness, impingement; no gross instability, Neer's/ Apley's and Hawkin's positive; weak abduction on resistance; limited range only to 50% full with pain on movement. Treatment included shoulder arthroscopic surgery with post-operative care to include therapy. The request(s) for Post-op Physical Therapy 2xWk x 6 Wks. to right Shoulder were non-certified on 11/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services- Twelve sessions of Post-Op Physical Therapy to the right shoulder (2x 6weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Post surg.

Decision rationale: This 54 year-old patient sustained an injury on 6/3/10 while employed by [redacted] Request(s) under consideration include Post-op Physical Therapy 2xwk x 6 wks. to right shoulder. Diagnoses include right wrist/hand paresthesia s/p right wrist surgeries/ right wrist arthrofibrosis and compensatory left wrist injury; right shoulder impingement and MRI with SLAP tear. Report of 10/30/14 noted chronic ongoing right shoulder complaints. Exam showed unchanged findings of right wrist limited range; loss of sensation in 4th and 5th digits; no numbness/ tingling to left wrist; right shoulder with tenderness, impingement; no gross instability, Neer's/ Apley's and Hawkin's positive; weak abduction on resistance; limited range only to 50% full with pain on movement. Treatment included shoulder arthroscopic surgery with post-operative care to include therapy. The request(s) for Post-op Physical Therapy 2xWk x 6 Wks. to right Shoulder were non-certified on 11/21/14. Record review does not indicate concurrent request for shoulder arthroscopy nor indication authorization of such surgery to warrant consideration for post-operative shoulder PT. Although Guidelines do support post-operative therapy for shoulder arthroscopy with debridement and acromioplasty, there is no such request under review or authorized. As such, the Post-op Physical Therapy 2xwk x 6 wks to right shoulder is not medically necessary and appropriate.