

Case Number:	CM15-0138491		
Date Assigned:	07/28/2015	Date of Injury:	04/16/2012
Decision Date:	09/18/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year-old female, who sustained an industrial injury on 04/16/2012. She has reported injury to the right shoulder and right wrist. The diagnoses have included pain in joint, shoulder region; pain in limb; shoulder sprain/strain; wrist tendinitis/bursitis; recurrent impingement, right shoulder; right wrist carpal tunnel syndrome; and status post right shoulder arthroscopy with right carpal tunnel release surgery, on 04/24/2015. Treatment to date has included medications, diagnostics, bracing, injections, occupational therapy, physical therapy, and surgical intervention. A progress report from the treating physician, dated 07/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of residual pain with weakness after undergoing right shoulder surgery and right carpal tunnel release on 04/24/2015; she has had 18 sessions of postoperative physical therapy to the right shoulder and 8 sessions to the right wrist; it has helped to reduce her pain, increase her functional capacity, facilitate activities of daily living, and help reduce the need for taking oral pain medications; and her pain has recurred and she continued to be symptomatic. Objective findings included loss of motor function over the right shoulder is noted to be grade 4/5; a well-healed incision is noted over the operative site; range of motion is noted to be at 90 degrees on flexion and abduction; decreased grip strength and decreased range of motion is noted over the right wrist; well-healed incisions are noted over the operative site; and there is hypertrophy of the trapezius muscle noted over the right side. The treatment plan has included the request for physical therapy, right shoulder x 6; physical therapy, right wrist x 18; acupuncture, right shoulder x 6; and acupuncture, right wrist x 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder x 6: 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

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Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical treatment period for rotator cuff syndrome/Impingement syndrome is 6 months and allows 24 physical therapy visits over a 14-week period. In this case, the injured worker is status post right shoulder arthroscopic surgery and right carpal tunnel release on 04/24/2015. She has had 18 sessions of postoperative physical therapy to the right shoulder and 8 sessions to the right wrist. According to the available documentation, the physical therapy has subjectively helped to reduce her pain, increase her functional capacity, facilitate activities of daily living, and help reduce the need for taking oral pain medications. Recently, her pain has recurred and she continued to be symptomatic. Objective findings included loss of motor function over the right shoulder. The only objective measurement of efficacy pertained to motor function which is now decreased. Even though the injured worker remains in the post-surgical period there is a lack of objective information to support continued physical therapy. The request for Physical therapy, right shoulder x 6 is determined to not be medically necessary.

Physical therapy, wrist right, x 18: 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): 16.

Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical treatment period for carpal tunnel release is 3 months and allows 3-8 physical therapy visits over 3-5 weeks. In this case, the injured worker is status post right shoulder arthroscopic surgery and right carpal tunnel release on 04/24/2015. She has had 8 sessions of postoperative physical therapy to the right wrist. According to the available documentation, the physical therapy has subjectively helped to reduce her pain, increase her functional capacity, facilitate activities of daily living, and help reduce the need for taking oral pain medications. Recently, her pain has recurred and she continued to be symptomatic. Objective findings included loss of motor function over the right shoulder. The only objective measurement of efficacy pertained to decreased grip strength and decreased range of motion over the right wrist. The injured worker is no longer in the post-surgical period for the right wrist and there is a lack of objective

information to support continued physical therapy. The request for physical therapy, wrist right x 18 is determined to not be medically necessary.

Acupuncture, right shoulder x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, a trial of acupuncture is warranted. The request for acupuncture, right shoulder x 6 is determined to be medically necessary.

Acupuncture, right wrist x 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, a trial of acupuncture is warranted. However, the request for 18 sessions exceeds the recommendations of the guidelines and therefore the request for acupuncture, right wrist x 18 is determined to not be medically necessary.