

Case Number:	CM15-0161899		
Date Assigned:	08/27/2015	Date of Injury:	04/22/2013
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 46 year old female, who sustained an industrial injury, April 22, 2013. The injured worker previously received the following treatments Advil, Percocet, 6 sessions of physical therapy, right wrist x-rays, right shoulder MRI, cervical spine MRI, right shoulder sling, Lidocaine Patches, Lexapro, Neurontin, Aleve, Nexium and Voltaren Gel. The injured worker was diagnosed with status post SLAP repair, DCE, rotator cuff repair surgery on May 20, 2015, spasms of muscles, right shoulder pain, extremity pain (right) and dizziness and giddiness. According to progress note of August 3, 2015, the injured worker's chief complaint was right shoulder pain. The injured worker developed hand pain and 2 nodules in the hand after surgery. The injured worker was tolerating the sling well. The injured worker was taking two Percocet at night which helped the injured worker at night which helped the injured worker with night time pain and sleeping. The injured worker was taking Advil during the day for the pain. The injured worker reported persistent neck pain and some mild numbness and tingling at the pre-operative site. The physical exam noted the surgical incision was healing nicely. There was restriction in the shoulder range of motion, forward extension was 180 degrees, external rotation was 70 degrees, internal rotation to the side to the elbow, wrist and digits range of motion was normal. The light stroke sensory testing was normal. There were 2 dupuytren's nodules in the right hand, which were slightly tender. The right shoulder sling was discontinued at this visit. The treatment plan included additional physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in April 2013 and underwent a right rotator cuff repair decompression and repair with labral debridement on 05/20/15. As of 07/29/15 she had completed 6 post-operative physical therapy treatments. She was tolerating use of a sling. She was having hand pain and had two nodules that had developed after surgery. She was having persistent neck pain with mild numbness and tingling that had been present prior to surgery. Physical examination findings included decreased shoulder range of motion. There were hand nodules consistent with Dupuytren's tenosynovitis. Additional physical therapy was requested. She was to discontinue use of her shoulder sling. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant had just discontinued use of her shoulder sling. She had ongoing pain and had not returned to unrestricted work. The requested number of post-operative therapy visits remained within accepted guidelines and were medically necessary.