

Case Number:	CM15-0203196		
Date Assigned:	10/19/2015	Date of Injury:	01/05/2013
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, Florida, 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 55 year old male, who sustained an industrial injury on 1-5-2013. The injured worker is undergoing treatment for recurrent rotator cuff tear, status post right shoulder surgery and carpal tunnel syndrome. Medical records dated 7-23-2015 indicate the injured worker complains of right shoulder pain, right arm, wrist and hand pain with numbness and tingling in the fingers rated 5-6 out of 10 without medication. He reports increased pain with activity and physical therapy. Physical exam dated 7-23-2015 notes right shoulder tenderness to palpation, decreased range of motion (ROM) and positive Kemp's, Speed's and Yergason's test. There is right wrist tenderness to palpation, with decreased range of motion (ROM) and positive Tinel's and Phalen's test. Treatment to date has included surgery, physical therapy and medication. The original utilization review dated 9-21-2015 indicates the request for orthopedic surgeon consult, physical therapy 2 X 4 for the right hand-wrist and brace right wrist is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Surgeon Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examination and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured now two years ago. There was a recurrent rotator cuff tear, post shoulder surgery and carpal tunnel syndrome. As of July, there is right shoulder, right hand, right arm and wrist pain. Orthopedic surgical issues are not noted. There has been extensive past therapy. The request however is for an orthopedic surgery consult. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Orthopedic surgery issues or potential surgical lesions are not noted. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Physical Therapy 2x4 Weeks For The Right Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As shared, this claimant was injured now two years ago. There was a recurrent rotator cuff tear, post shoulder surgery and carpal tunnel syndrome. As of July, there is right shoulder, right hand, right arm and wrist pain. Orthopedic surgical issues are not noted. There has been extensive past therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary.

Durable Medical Equipment, Brace Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: As shared, this claimant was injured now two years ago. There was a recurrent rotator cuff tear, post shoulder surgery and carpal tunnel syndrome. As of July, there is right shoulder, right hand, right arm and wrist pain. Orthopedic surgical issues are not noted. There has been extensive past therapy. The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263: that braces of the wrist are used only in very narrow circumstances. Initial treatment of CTS should could try night splints. Day splints can be considered for patient comfort as needed to reduce carpal tunnel syndrome pain. They note: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. I did not find the claimant had a condition supported for splinting under MTUS. The request was not medically necessary.