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| Case Number: | CM15-0206895 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 05/21/2015 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial-work injury on 5-21-15. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having de Quervain in the bilateral carpometacarpal region and degenerative joint disease. Treatment to date has included medication and diagnostics. MRI results, per utilization review report, were reported on 8-21-15 noted degenerative changes in the right shoulder of the AC (acromioclavicular) joint, findings consistent with impingement with fluid in the subacromial space, partial thickness rotator cuff tearing, labral tear superiorly and posteriorly with stable biceps tendon. X-rays were reported on 9-17-15 of the bilateral wrists, per the UR report, noting early carpometacarpal joint degenerative disease on both thumbs, left greater than right. Currently, the injured worker complains of right shoulder shooting pain with decreased range of motion and weakness along with bilateral thumb and-or wrist pain. Current medication includes Aspirin 81 mg, thyroid med, vitamins, and blood pressure meds. Per the primary physician's progress report (PR-2) on 9-17-15, exam noted reduced range of motion to the right shoulder, positive Neer's (right greater than left), positive crepitus (right greater than left), negative instability, full range of motion in the bilateral wrists and digits, positive basilar grind and-or compress left greater than right, bilateral first compartment right greater than left, significant peripheral vascular disease with stasis symptoms in the bilateral legs. The Request for Authorization requested service to include Post op physical therapy 12 sessions, right wrist/ hand/ shoulder. The Utilization Review on 10-13-15 denied the request for Post op physical therapy 12 sessions, right wrist/ hand/ shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 12 sessions, right wrist/ hand/ shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy #12 sessions to the right wrist/hand and shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are rotator cuff syndrome with internal derangement/impingement bilateral right greater than left shoulder; DeQuervain's bilateral; and CMC joint DJD. The date of injury is May 21, 2015. Request for authorization is September 28, 2015. According to a September 2, 2015 progress note, the injured worker received 22 out of 24 physical therapy sessions. Documentation indicates the shoulder was treated. However, it is unclear whether physical therapy was rendered to the hand and wrist based on the diagnoses in the progress note documentation. According to a September 17, 2015 new patient consultation, subjective complaints include right shoulder pain with weakness. Pain is 7/10 right greater than left. There is also pain of the bilateral thumb and wrist. Objectively, there is decreased range of motion of the shoulder, positive Neer's, no instability and a positive MRI of the right shoulder. There was a peer-to-peer conference between the utilization reviewer and treating provider. The documentation indicates postoperative physical therapy was limited to the right shoulder only two times per week times six weeks (12 sessions). There was no indication in the medical record the wrist or hand was involved in any surgical procedures. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and the peer-to-peer conference call resulting in right shoulder physical therapy only in the postoperative phase 2 times per week time six weeks, postoperative physical therapy #12 sessions to the right wrist/hand and shoulder is not medically necessary.