

Case Number:	CM15-0029295		
Date Assigned:	02/23/2015	Date of Injury:	09/29/2010
Decision Date:	04/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

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 is a 49 year old female, who sustained an industrial injury on 09/29/2010. She has reported subsequent neck, back and left shoulder pain and was diagnosed with articular cartilage disorder of the right forearm, rotator cuff sprain and strain of the right shoulder and adhesive capsulitis of the shoulder. Treatment to date has included oral and topical pain medication, a home exercise program, and application of heat and ice. In a progress note dated 12/04/2014, the injured worker complained of continued constant right shoulder and wrist pain that was rated as 7-9/10. Objective physical examination findings were notable for tenderness and decreased range of motion with pain in the right hand, wrist and shoulder. Recent MRI showed progression of triangular fibrocartilage tear of the right wrist and tendinosis of the supraspinatus, infraspinatus and distal tendons of the right shoulder. The physician noted that a right shoulder arthroscopy, subacromial decompression and distal clavicle resection and right wrist arthroscopy with TFCC debridement had been requested. A request for authorization of 12 visits of post-operative physical therapy was made. On 01/17/2015, Utilization Review non-certified a request for 12 sessions of post-operative physical therapy, noting that since the request for surgery was non-certified, this request could not be approved. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211, 270, Chronic Pain Treatment Guidelines Page(s): 72,72. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th Edition (web) 2015, Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Postsurgical Treatment Guidelines Page(s): Pages 8-22.

Decision rationale: Regarding the request for physical therapy following TFCC repair, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Post-Surgical Treatment Guidelines recommend 9 therapy visits following TFCC repair. Within the documentation available for review, there is no indication that the surgical procedure has been authorized. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. As such, the current request for physical therapy is not medically necessary.