MAXIMUS Federal Services

Case Number:	CM15-0054364		
Date Assigned:	03/27/2015	Date of Injury:	06/18/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 is a 57 year old male, who sustained an industrial injury on 06/18/2012. He reported repetitive type injury to the neck, low back, and numbness and tingling in bilateral hands and wrists. Diagnoses include cervical sprain/strain with possible associated discopathy; status post left shoulder surgery in 2003 and 2004 with residual symptoms, tendinitis/ impingement syndrome, right shoulder, possible rotator cuff tear, and bilateral carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, they complained neck pain and shoulder pain with radiation to bilateral upper extremities, bilateral wrists, and hands associated with numbness, tingling and headaches. On 1/19/15, the physical examination documented tenderness to palpation, positive impingement sign, and decreased sensation and decreased range of motion. The provider documented the injured worker was pending right shoulder arthroscopy and bilateral carpal tunnel release. The plan of care included to continue with orthopedic consultation and post-operative physical therapy for therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-operative physical therapy visits; 3 times a week for 8 weeks for right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic right shoulder pain and bilateral carpal tunnel syndrome. Arthroscopic shoulder surgery for rotator cuff repair and bilateral carpal tunnel releases are planned. Being requested is 24 post-operative therapy sessions.Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In terms of carpal tunnel release surgery, this is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, concurrent post-operative treatment would not be expected. However, therapy goals for both conditions can usually be achieved with fewer visits than the maximum recommended. The number of visits being requested is excessive without knowing the claimant's response to surgery and initial post-operative therapy. The request is therefore not medically necessary.