

Case Number:	CM13-0003098		
Date Assigned:	03/03/2014	Date of Injury:	12/02/2010
Decision Date:	10/23/2015	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/25/2013

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: 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 50 year old female who sustained an industrial injury on 12-2-10. She had complaints of pain in both hands, shoulder, ear, head, abdomen, neck mid back, bilateral arms and lower back. Treatments include: medications, physical therapy, and surgery. Progress report dated 7-1-13 reports continued complaints of severe neck, bilateral elbow, bilateral wrist and hand pain, right side more severe than the left. She has complaints of pain in the right elbow with numbness going to the right hand. Diagnoses include: cervical disc herniation with radiculopathy, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, status post op right carpal tunnel and cubital release on 9-12-12, rotator cuff syndrome, status post rotator cuff repair, right shoulder arthroscopy and status post op right shoulder. Plan of care includes: post op physical therapy 3 times per weeks for 8 weeks, right shoulder post op program work conditioning and upper extremity strengthening and continue home exercise program daily. Follow up in 4 weeks. Work status: per primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physiotherapy, 3x a week for 8 weeks (24): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of shoulder pain. The ODG recommends that for most patients with shoulder pain, up to 10 visits are indicated as long as functional improvement and program progression are documented; and up to 30 visits over 18 weeks for post-surgical open treatment. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopedic referral. Patients with small tears of the rotator cuff may be referred to an orthopedist after 6 to 12 weeks of conservative treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the requested post-operative physical therapy sessions exceeds the guideline recommendations. Medical necessity for the requested physical therapy is not established. The requested services are not medically necessary.

Right shoulder post-op program work conditioning and upper extremity strength: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Conditioning.

Decision rationale: Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. In this case, there is no specific indication for a work-conditioning program. The patient is status post right shoulder surgery and should first undergo a program of physical therapy. Medical necessity for the requested service has not been established. The requested service is not medically necessary.