

Case Number:	CM14-0214640		
Date Assigned:	01/07/2015	Date of Injury:	10/03/2006
Decision Date:	03/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old male sustained an injury from a motor vehicle accident on 10/3/2006. A recent operative report dated 9/4/2014 indicates a left cubital tunnel release and a left carpal tunnel release were performed. On September 15, 2014 a pain medicine reevaluation was performed. The subjective complaints included neck pain radiating down both upper extremities and low back pain radiating down both lower extremities. Pain level was reported to be 9/10 with medications and 10/10 without medications. The diagnosis was failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion lumbar spine; and status post right shoulder surgery (6/20/2013). Treatment plan was a home exercise program and medical management using tizanidine, tramadol and ER tramadol. On September 24, 2014 physical therapy was requested for the left wrist and left elbow. On November 17, 2014 postoperative physical therapy was requested for the left upper extremity and additional physical therapy for the shoulder. The left shoulder was status post surgery on 3/2/2007 consisting of diagnostic arthroscopy and decompression and debridement. The request as stated was for postoperative physical therapy of the left shoulder 3 x 6 sessions. The request was noncertified by utilization review on 11/24/2014. The reason given was the surgery was performed a number of years ago and there was no clinical evidence that the patient could not perform an independent home exercise program. A clarification was requested but it was not forthcoming. Therefore the request was noncertified. This was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Physiotherapy of left shoulder 3x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request as stated is for postoperative physical therapy. The surgery was performed a number of years ago and the postsurgical physical medicine period is over. The guidelines recommend 24 visits over 14 weeks for impingement syndrome. The postsurgical physical medicine period is 6 months. Chronic pain guidelines 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 documentation indicates that most of the pain is in the cervical and lumbosacral area and radiates down the extremities. A detailed examination of the shoulder has not been provided. Therefore the need for physical therapy for the shoulder cannot be evaluated. Physical therapy has been provided for the left upper extremity after the cubital tunnel release and carpal tunnel release and a self-directed home exercise program is recommended. Based upon guidelines, the request for postoperative physical therapy for the left shoulder 3 x 6 sessions is not supported and as such, the medical necessity of the request is not substantiated.