

Case Number:	CM13-0006900		
Date Assigned:	03/07/2014	Date of Injury:	08/03/2008
Decision Date:	05/20/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female with date of injury of 08/03/2008. The listed diagnoses per [REDACTED] dated 06/19/2013 are: 1. 4mm disc bulge at L5-S1 and 3-4mm disc protrusion at L4-L5 and 4mm disc protrusion at L3-L4 2. Right shoulder rotator cuff repair on 2012, intra-substance tear with two Juggernaut anchors and multiple side-to-side repairs 3. Left shoulder impingement 4. Cervical spine multilevel disc protrusions and strain per MRI 2010 5. Multilevel cervical spine disc protrusions with no right sided neural foraminal narrowing 6. Right carpal tunnel release 04/02/2013 According to progress report dated 06/19/2013 by [REDACTED], the patient complaints of cramping in her hand. She has done 12 PT sessions which has regained her motion and some swelling has gone down. Her shoulder has better range of motion. She continues to have some neck pain and trapezial spasm. Objective findings show a mildly positive impingement on 1 and 2 testings. Her scar is very sensitive to touch. There is some redness around the scar which is due to her irritation. Her grip strength is about 50% on the contralateral side. The treater is requesting 12 additional post-op physical therapy for the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT HAND/WRIST, 2 X PER WEEK FOR 6 WEEKS FOR A TOTAL OF 24 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 98-99,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This patient is status post right carpal tunnel release from 04/02/2013. The treating physician is requesting 12 additional post-op physical therapy for the patient's persistent right hand/wrist problems. MTUS postoperative guidelines allows for 3-8 visits for post-surgical carpal tunnel release over 3-5 weeks. Records reviewed from 01/11/2013 to 06/19/2013 do not include the specific physical therapy note to understand how many therapy treatments were provided thus far. Progress report from 06/19/2013, however, states that the patient has completed some 12 sessions of therapy following carpal tunnel release. The treating physician requests 12 additional sessions of therapy to address the patient's continued weakness and some scar sensitivity. Based on MTUS guidelines, the request for 12 additional sessions far exceeds what is allowed for post-operative care following carpal tunnel release. Also, there is no reason why the patient cannot perform the necessary home exercises to increase grip strength and desensitize tender scar areas. Recommendation is for denial.