

Case Number:	CM13-0035408		
Date Assigned:	12/13/2013	Date of Injury:	01/21/2011
Decision Date:	02/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Louisiana and Texas. 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 physician 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 53-year-old female who reported a work related injury on 01/21/2011, as a result of a fall. The patient is subsequently status post rotator cuff repair to the right shoulder on 12/29/2011, as well as carpal tunnel release to the right wrist on 04/04/2013. The clinical note dated 10/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient presents with complaints of increased pain to the right shoulder and right elbow, numbness and pain from the right elbow to the 4th and 5th digits, pain and locking to the right thumb, tenderness to the right wrist, pain to the cervical spine as well as stiffness, with associated radiating pain and numbness. The patient presents reporting she fell 2 weeks ago while at home, sustaining a fracture to her right ankle and causing increased pain to her right upper extremity. Upon physical examination of the patient's right shoulder, it revealed tenderness over the AC joint and trapezius muscles and tenderness at the biceps tendon. The provider documented the mid arc sign, drop test, Neer sign, and Hawkin's sign were all positive. Upon physical exam of the patient's right upper extremity, range of motion was 80 degrees flexion, 20 degrees extension, 110 degrees abduction, 20 degrees adduction, 30 degrees internal rotation, 30 degrees external rotation. The patient had 5/5 motor strength noted to the left upper extremity; however, 4/5 motor strength to the right upper extremity. The provider documented the patient was to continue physical therapy interventions to the right wrist to increase flexibility, range of motion and strength to include modalities, therapeutic exercise 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The current request is not supported. Clinical documentation submitted for review reports the patient is status post carpal tunnel release to the right wrist as of 04/2013. The provider documented, on the most recent clinical note submitted for review dated 10/04/2013, that the patient presented with minimal deficits as far as range of motion about the bilateral wrist, with 50 degrees flexion and 60 degrees extension. The provider documented the patient is to continue with physical therapy interventions about the right wrist; however, documentation of duration and frequency of previous treatment, as well as efficacy, were not stated in the clinical notes reviewed. California MTUS indicates, postoperative to carpal tunnel release, physical therapy interventions are supported at a rate of 3 to 8 visits over 3 to 5 weeks. Given that the patient has been utilizing postoperative physical therapy without documentation of progression, efficacy and duration of treatment, the current request for 12 additional sessions is excessive in nature. As such, the request for physical therapy 12 units is not medically necessary or appropriate.

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