

Case Number:	CM13-0058459		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	03/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & 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 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:

This is a 48 year-old female who was injured on 8/9/2011. According to the 11/5/13 report from [REDACTED], the patient is 4.5 months s/p revision of right rotator cuff repair. Her diagnoses included s/p revision RCR, right shoulder; s/p right acromioplasty, Mumford and RCR 3/6/12. According to the 8/22/13 report from [REDACTED], the patient is s/p right wrist arthroscopy with TFCC debridement and 6th wrist compartment steroid injection on 6/18/13; she has right thumb CMC joint OA and right lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) for the right upper extremity (6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for PT comes from [REDACTED], the hand surgeon on 8/22/13. The patient had underwent surgical debridement of the TFCC on 6/18/13, and according to MTUS, is still within the post-surgical physical medicine treatment timeframe. [REDACTED] noted the motion is good, but the patient wanted to work on strengthening and there was still some

discomfort in the proximal forearm and crepitus. MTUS Post-surgical guidelines state if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Increasing the strength can be considered functional improvement. The request for additional post-surgical PT within the postsurgical physical medicine treatment timeframe is in accordance with MTUS guidelines.