

Case Number:	CM13-0061425		
Date Assigned:	12/30/2013	Date of Injury:	11/02/2012
Decision Date:	04/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 male who reported an injury on 11/2/12. The mechanism of injury involved repetitive shoveling. The patient is diagnosed with right shoulder adhesive capsulitis, right shoulder bursitis, right shoulder derangement, right shoulder impingement syndrome, right shoulder partial rotator cuff tear, right carpal tunnel syndrome, and status post right shoulder arthroscopy on 3/15/13. The patient was seen by [REDACTED] on 10/16/13. The patient reported persistent shoulder and forearm pain. The patient also reported right wrist pain with numbness and weakness. Physical examination revealed positive Tinel's and Phalen's testing at the median nerve on the right, 4/5 strength, and restricted range of motion. It is noted that the patient's EMG/NCV study of bilateral upper extremities, performed on 7/9/13, demonstrated right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

postoperative physical therapy three times a week for four weeks for the right wrist:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following carpal tunnel release includes 3-8 visits over 3-5 weeks. Therefore, the current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. Additionally noted, there is no indication that this patient's procedure has been authorized. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.