

Case Number:	CM13-0067005		
Date Assigned:	01/17/2014	Date of Injury:	04/09/2013
Decision Date:	05/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery 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 claimant is a 55-year-old, female who was injured in a work related accident 04/09/13. An 11/13/13 progress report indicates multiple injuries to the upper extremities for which she is now being recommended surgery in the form of a staged procedure, a right carpal tunnel release followed by right elbow lateral epicondylectomy and then ultimately a right shoulder arthroscopy with subacromial decompression. There is no documentation that the claimant's surgical process has occurred. A 12/06/13 authorization request indicates need for eight sessions of formal physical therapy to the right wrist and right elbow for postoperative care. A 12/10/13 progress report once again indicates the claimant to be with diagnosis of carpal and cubital tunnel syndrome to the right with right wrist sprain, right shoulder rotator cuff, and lateral epicondylitis diagnoses. There was no documentation that surgical process has occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT WRIST END RIGHT ELBOW: 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: ased on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy for the carpal tunnel and lateral epicondyle in the postoperative setting would not be supported. The last clinical record for review has not yet indicated surgical process has occurred. Lack of documentation of actual intervention in this individual would fail to necessitate the role of acute postoperative physical therapy as requested.