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| Case Number: | CM13-0071999 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 08/13/2007 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 53-year-old female, who was injured on 8/13/07. The request is for post-operative physical therapy (PT) for the left wrist. The patient has been diagnosed with lesions of the ulnar nerve, radial nerve, shoulder impingement, and neck sprain. The 12/5/13 utilization review (UR) letter states that the request for physical therapy three (3) times a week for four (4) weeks for the left wrist was modified to allow four (4) sessions. The UR noted that there was left carpal tunnel syndrome, but that the patient was post left shoulder repair and manipulation. The UR recommended PT times four (4) for the carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT: 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: Limited information is available regarding the patient. The medical records provided for review does not provide operative reports regarding the carpal tunnel release (CTR), nor the shoulder. The dates of the surgery are unknown. The request is not complete, and does

not list a frequency or duration of physical therapy, nor does it mention the total number of sessions requested or a timeframe. The Postsurgical Treatment Guidelines recommend twenty-four (24) visits over fourteen (14) weeks for arthroscopic postsurgical treatment for the shoulder, and three to eight (3-8) visits over three to five (3-5) weeks for postsurgical treatment for carpal tunnel syndrome. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in the guidelines. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines. Therefore, the request is non-certified.