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| Case Number: | CM14-0004448 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 12/07/2011 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 44-year-old male who reported an injury on 12/07/2011 through cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the right shoulder and right wrist. The injured worker's treatment history included a shoulder arthroscopy in 11/2012 followed by postoperative physical therapy. The injured worker was evaluated on 12/11/2013. It was documented that the injured worker had undergone right carpal tunnel release in 04/2013. It was noted that the injury had 8/10 of the right shoulder and 6/10 of the bilateral wrists which was alleviated by medication. Physical findings included tenderness to the right shoulder with no evidence of infection, with abduction to 80 degrees and forward flexion with no signs of infection of the right hand or wrist. It was noted that the injured worker remained deconditioned of the bilateral upper extremities, most notable in the wrists and hands. The injured worker's diagnoses included status post arthroscopic subacromial decompression, status post right carpal tunnel release, and left wrist and hand pain. The injured worker's treatment plan included continuation of medications, a trial of a TENS unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT WRIST/HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 3 times a week for 4 weeks for the right wrist and hand are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker is status post right carpal tunnel release in 04/2013. However, there is no documentation that the injured worker underwent postoperative physical therapy resulting from that surgical intervention. However, as the injured worker continues to have pain several months later and there is no documentation that the injured worker is participating in a home exercise program, a course of up to 8 visits as recommended for myositis and myalgia by the California Medical Treatment Utilization Schedule would be indicated in this clinical situation. However, the request exceeds that recommendation. There are no exceptional factors within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 3 times a week for 4 weeks for the right hand and wrist is not medically necessary or appropriate.