

Case Number:	CM14-0112048		
Date Assigned:	07/30/2014	Date of Injury:	11/07/2011
Decision Date:	09/25/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 29-year-old male with an 11/7/2011 date of injury, due to cumulative trauma. 6/30/14 determination was non-certified given no indication of the number of sessions completed post-operatively and the patient's objective functional response to treatment. 5/29/14 medical report revealed bilateral wrist pain, s/p bilateral carpal tunnel release. She continues to have significant right shoulder pain with decreased range of motion and weakness, s/p right shoulder rotator cuff repair in February 2013. Exam revealed shoulder abduction to approximately 90 degrees, flexion to 100, and deltoid strength 4/5. There was spasm and tenderness noted in the trapezius muscles as well as in the cervical spine paravertebral musculature. No exam was provided of the hands/wrists. 4/17/14 medical report identified that the patient completed additional physical therapy sessions. 3/17/14 AME report identified that the patient underwent wrist surgery in 10/15/13 and started receiving physical therapy to the left wrist, three times a week; and that the patient continued receiving therapy three times a week. 1/23/14 medical report stated that the patient reported improvement in pain and function with the physical therapy. There were physical therapy notes provided which only included pain level. No specific benefits or deficits noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Right Shoulder and Bilateral Wrists and Hands:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient is status post carpal tunnel release and right shoulder surgery. There continued complaints in both parts. The patient underwent previous physical therapy, however, the specific number of sessions completed to date and the functional improvement from such sessions were not available to review in the records provided. There was also no rationale clarifying why the patient cannot continue rehabilitation through a home exercise program. The request for 12 physical therapy sessions for the right shoulder and bilateral wrists and hands is not medically necessary and appropriate.