MAXIMUS Federal Services

Case Number:	CM14-0121429		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2011
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine 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 a 64-year-old male who has submitted a claim for status post left shoulder acromioclavicular joint surgery, ulnar neuropathy, and carpal tunnel syndrome associated with an industrial injury date of 10/11/2011. Medical records from 02/19/2014 to 07/24/2014 were reviewed and showed that patient complained of left shoulder pain graded 5/10 with tightness and numbness and tingling to the left middle and little finger. Physical examination revealed discomfort with forward flexion and abduction past 180 degrees and intact sensation, DTRs, and MMT of upper extremities. EMG of the upper extremities (date unavailable) revealed mild left carpal tunnel syndrome and left ulnar neuropathy. Treatment to date has included left shoulder subacromial decompression, Mumford procedure (07/19/2013), unspecified visits of physical therapy, six visits of acupuncture, HEP, and pain medications. Of note, there was no documentation of functional outcome from previous physical therapy visits. Utilization review dated 07/23/2014 denied the request for additional physical therapy, hand, left shoulder, and elbow quantity six because there was no explicit documentation of functional improvement from previous physical therapy sessions. Utilization review dated 07/23/2014 denied the request for hand surgeon consultation for treatment because the patient's physical exam findings were no consistent with diagnosis of ulnar neuropathy and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical thearpy for the hand, left shoulder and elbow, three times a week for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Physical Therapy.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. However, there was no documentation of functional outcome concerning previous therapy visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for outpatient additional physical therapy for the hand, left shoulder and elbow, three times a week for two weeks is not medically necessary.

1 hand surgeon consultation for treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient had a complaint of numbness and tingling to the left middle and little finger and was diagnosed with carpal tunnel syndrome and left ulnar neuropathy.EMG of the upper extremities was done (date unavailable) with results of mild left carpal tunnel syndrome and left ulnar neuropathy. There is no uncertainty of diagnosis as evidenced by congruence of subjective complaints and electrodiagnostic study results. There was no discussion of a concurrent psychosocial problem or treatment failure to support referral to a hand specialist. Therefore, the request for one hand surgeon consultation for treatment is not medically necessary.