

Case Number:	CM14-0045149		
Date Assigned:	07/02/2014	Date of Injury:	03/19/2010
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 records presented for review indicate that this 44 year-old female who sustained an industrial injury on 3/19/2010. The record indicates the injured worker is status post carpal tunnel release surgery as of 10/9/13. The most recent progress note, dated 7/8/2014, indicates there are ongoing complaints of right wrist pain status post 6/26/2014 triangular fibrocartilage complex (TFCC) debridement and right shoulder pain. The physical examination demonstrated right elbow: limited range of motion. Right wrist: limited range of motion, no provocative test performed. Sensation intact, capillary refill is less than two seconds, digits able to passively/actively make a tight fist. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, injections, bracing, and medications. A request was made for bilateral hand therapy times #10 sessions, right shoulder massage therapy #5 sessions and was not certified in the pre-authorization process on 3/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x10 Sessions - RIght Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Forearm, Wrist & Hand Chapter: Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines support up to 16 visits over 10 weeks status post triangular fibrocartilage complex (TFCC) reconstruction. The most recent note reviewed states the patient is status post surgery, doing well, and will follow-up in four weeks. Most recent note dated 7/8/2014 does not discuss initiation of physical therapy at this time. Therefore, this request is deemed not medically necessary at this time.

Massage Therapy x5 Sessions-Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 60 of 127 Page(s): 60 OF 127.

Decision rationale: CA MTUS Guidelines support the use of massage therapy as an adjunct to other treatments (i.e. physical therapy & exercise) and states it should be limited to 4-6 visits in most cases. Given the date of injury and current physical exam findings, the guidelines do not support the request. Therefore, massage therapy, is considered not medically necessary.