MAXIMUS Federal Services

Case Number:	CM14-0200056		
Date Assigned:	12/10/2014	Date of Injury:	09/30/2013
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Practice 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:

This is a 52 years old female patient who sustained an injury on 9/30/2013.She sustained the injury due to slipped and fell on oily floor. The current diagnoses include cervical strain, right shoulder impingement, right elbow and right knee contusion and right wrist sprain. Per the doctor's note dated 9/10/14, she had complaints of neck pain, right shoulder, right elbow and right hand/wrist pain with numbness in the right thumb, index and middle finger as well as right knee pain. The physical examination revealed cervical spine- spasm and tenderness to paraspinal muscles; right shoulder- decreased range of motion, weakness and tenderness, positive Hawkin's and Neer test; right elbow- tenderness to palpation over the lateral epicondyle; right wrist- positive Tinel's and Phalen's test and tenderness over the right wrist; right knee- flexion 120 and extension 0 degree, crepitus with range of motion and medial joint line tenderness, positive McMurray test; diminished light touch in the right median nerve distribution. The medications list includes naproxen and omeprazole.She has had electro diagnostic studies dated 4/9/14 which revealed moderate right carpal tunnel syndrome; right shoulder MRI dated 1/29/14 which revealed acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis; MRI right wrist dated 1/31/14 which revealed subchondral cyst and small joint effusion surrounding the pisiform. She has had right shoulder injection on 6/11/14. She has had physical therapy visits and acupuncture visits for this injury. She has had urine drug screen on 9/15/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop physical therapy, 3 times a week for 4 weeks, to the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release surgery

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This request of post op physical therapy is for carpal tunnel surgery.MTUS post-surgical guidelines recommend 3 to 8 post op visits over 3 to 5 weeks for this surgery.Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery."Therefore the requested visits are more than the recommended by the cited criteria.In addition, the date and operative report of the right carpal tunnel release surgery is not specified in the records provided.The medical necessity of Post op physical therapy, 3 times a week for 4 weeks, to the right wrist and hand is not fully established for this patient at this time.