

Case Number:	CM14-0201742		
Date Assigned:	12/12/2014	Date of Injury:	04/01/2014
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female with a date of injury 4/1/2014. She is reported to have slipped and fallen at work and injured her right shoulder. X-rays and CT scan done shortly after the injury revealed right shoulder proximal humerus fracture and partial biceps tendon tearing. The injured worker was placed in a sling and was given medications and was instructed to follow up with an orthopedic surgeon. She underwent right shoulder humeral hemiarthroplasty and right shoulder biceps tendon tenodesis on April 21, 2014. Postsurgical physical therapy and hand/occupational therapy were reported as not beneficial. Later in 08/2014 she consulted with a different orthopedist who requested for 12 sessions of physical therapy. However, it is not obvious from the records whether she had the therapy session, or another 8 sessions that were requested in the month of September 2014. She underwent electrodiagnostic studies of the upper extremities on 9/30/2014, and this revealed carpal tunnel syndrome. Follow up visit with MD on 10/9/2014 the injured worker continued with complaints of constant pain in the right shoulder and right wrist and hand pain with swelling and numbness. The pain increases with gripping, pushing, pulling, lifting and forward reaching. The physical examination revealed limited range of motion of the right shoulder, tenders and positive impingement signs of the right shoulder. The wrist and hand revealed full range of motion, swelling, numbness and positive tinels and palmer compression tests. She has been diagnosed of status post right shoulder fracture with hemiarthroplasty, right carpal tunnel syndrome per electrodiagnostic studies, and rule out cervical radiculitis. At dispute are the requests for Physical therapy 2 x 6 for the bilateral shoulders and hands; and MRI of the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the bilateral shoulders and hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 4/1/2014. The medical records provided indicate the diagnosis of status post right shoulder fracture with hemiarthroplasty, right carpal tunnel syndrome per electrodiagnostic studies, and rule out cervical radiculitis. The injured worker had several sessions of postsurgical physical therapy and occupational therapy, and was also treated with pain medications. The medical records provided for review do not indicate a medical necessity for physical therapy 2 x 6 for the bilateral shoulders and hands. She had an unspecified number of physical and occupational therapy in the immediate post-surgical period, which was not beneficial. The MTUS recommends postsurgical physical therapy treatment of 24 visits over 14 weeks within a postsurgical physical medicine treatment period of 6 months. She was ordered to receive a total of 20 sessions between August and September 2014 which is still within the postsurgical period. The Chronic pain physical medicine Guidelines recommends for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Therefore, the request for Physical therapy 2 x 6 for the bilateral shoulders and hands is not medically necessary and appropriate.

MRI of the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 4/1/2014. The medical records provided indicate the diagnosis of status post right shoulder fracture with hemiarthroplasty, right carpal tunnel syndrome per electrodiagnostic studies, and rule out cervical radiculitis. The injured worker had several sessions of postsurgical physical therapy and occupational therapy, and was also treated with pain medications. The medical records provided for review do not indicate a medical necessity for MRI of the right wrist and hand. The MTUS does not recommend MRI of the wrist and hand except for suspected infection, and very rarely carpal tunnel syndrome. In this case the injured worker has been confirmed to suffer from Carpal tunnel syndrome based on nerve studies; therefore the need for MRI is questionable in the light of the very weak recommendation for MRI given by the MTUS, and the absence of red flag for recent serious problems. Therefore, the requested test is not medically necessary and appropriate.

