

Case Number:	CM15-0104771		
Date Assigned:	06/09/2015	Date of Injury:	02/22/2012
Decision Date:	08/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old woman sustained an industrial injury on 2/22/2012. The mechanism of injury is not detailed. Diagnoses include chronic right shoulder impingement syndrome with impending adhesive capsulitis, right De Quervain's tenosynovitis, right cubital tunnel syndrome, bilateral median neuropathy, and cervical spine pain. Treatment has included oral medications, activity modification, stretching, TENS unit use, home exercise program, heat, cold, and physical therapy. Physician notes from the orthopedist dated 1/19/2015 show complaints of right wrist pain rated 8/10, right shoulder pain rated 3/10, left wrist pain rated 3/10, and cervical spine pain rated 5/10. Recommendations include surgical intervention, post-operative physical therapy, Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy for the right wrist, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 21.

Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical treatment period for de Quervain's release is 14 visits over 12 weeks and the post-surgical physical medicine treatment period is 6 months. This request is for 12 additional post-surgical physical therapy visits. In this case, the injured worker is 6 months out from surgery and has attended 9 physical therapy sessions to date. The sessions resulted in a decrease in pain and an increase in function. As the injured worker is outside of the post-surgical period and should be well prepared to continue exercises at home in a self-directed manner, the request for additional post operative physical therapy for the right wrist, three times a week for four weeks is determined to not be medically necessary.