

Case Number:	CM15-0107472		
Date Assigned:	06/11/2015	Date of Injury:	07/27/2012
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 40-year-old female, who sustained an industrial injury on 7/27/12. The injured worker was diagnosed as having cervical radiculopathy, shoulder rotator cuff tear, and carpal tunnel syndrome. Treatment to date has included right carpal tunnel release on 12/12/14, 2 right shoulder surgeries, and physical therapy. The injured worker reported that physical therapy had improved stiffness and pain in her hand. Currently, the injured worker complains of right hand weakness and incisional pain. Difficulty forming a fist and triggering in the right middle finger were also noted. The treating physician requested authorization for physical therapy x12 for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy x 12 right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times 12 to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical radiculopathy; shoulder rotator cuff tear; and carpal tunnel syndrome. The injured worker had a right carpal tunnel release December 12, 2014. The injured worker status post to right shoulder arthroscopy and has chronic neck pain. The most recent progress note in the medical record dated April 2, 2015 states there was a delay in post-operative management. The injured worker received 12 physical therapy visits. An additional request for 12 physical therapy sessions to the right wrist was submitted on May 19, 2015. There are no compelling clinical factors indicating additional physical therapy over and above the recommended guidelines (3-8 visits) are clinically warranted. There are no physical therapy progress notes in the medical record demonstrating objective functional improvement. Consequently, absent compelling clinical facts indicating additional physical therapy over the recommended guidelines are clinically warranted and evidence of objective functional improvement with prior physical therapy, additional physical therapy times 12 to the right wrist is not medically necessary.