

Case Number:	CM15-0201176		
Date Assigned:	10/16/2015	Date of Injury:	07/25/2013
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 37 year old female with a date of injury on 7-25-13. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder and upper extremity injury. Physical therapy progress note visit number 11 reports difficulty cooking, cleaning, lifting, gripping, overhead reaching due to right shoulder and wrist pain. Progress report dated 8-28-15 reports post op right shoulder arthroscopy on 8-25-15. Objective findings: dressing changed and wound healing. Request for authorization dated 8-28-15 was made for 12 additional outpatient physical therapy to the right wrist 2 times per week for 6 weeks. Utilization review dated 9-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional outpatient physical therapy to the right wrist, 2 times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, 12 additional outpatient physical therapy visits to the right wrist two times per week times 6 weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are pain in joint shoulder region; other specified disorders of bursa and tendons shoulder region; carpal tunnel syndrome; and muscle weakness generalized. Date of injury is July 25, 2013. Request for authorization is August 28, 2015. The injured worker is status post subacromial decompression right shoulder performed August 27, 2015. According to a May 21, 2015 physical therapy progress note, the injured worker received physical therapy for right carpal tunnel syndrome. The recommendations included continued home exercise program for long-term management. According to a September 17, 2015 progress note, the injured worker is starting physical therapy session #1 for the right shoulder. The documentation indicates continued numbness and tingling secondary to carpal tunnel syndrome. The request for authorization is dated August 28, 2015. According to an August 28, 2015 (treating provider) progress note, the documentation states dressing change and wound healthy. There is no treatment plan including physical therapy documented in the record. There is no request for additional physical therapy. There is no provider documentation demonstrating objective functional improvement with prior physical therapy. The August 28, 2015 progress note addresses the one-day postop period for the right shoulder. There is no documentation indicating ongoing treatment of carpal tunnel syndrome. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no progress note documentation demonstrating objective functional improvement, no documentation in the treatment plan dating August 28, 2015 with a clinical rationale for additional physical therapy and no compelling clinical facts indicating additional physical therapy is warranted, 12 additional outpatient physical therapy visits to the right wrist two times per week times 6 weeks is not medically necessary.