

Case Number:	CM14-0122492		
Date Assigned:	09/16/2014	Date of Injury:	07/01/2007
Decision Date:	10/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery 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 45-year-old female sustained an industrial injury on 7/10/07. The mechanism of injury was not documented. Past surgical history was positive for bilateral first rib resection, left carpal tunnel and cubital tunnel releases with ulnar nerve decompression at the wrist, and left radial tunnel release. The 2/17/14 physical therapy progress report indicated the patient had completed 7 visits relative to the left shoulder. Range of motion testing documented flexion 85 degrees and abduction 83 degrees, essentially unchanged since initial exam. Left shoulder strength was also unchanged. The patient underwent right carpal and cubital tunnel releases with left shoulder subacromial corticosteroid injection on 4/14/14. The 6/6/14 physical therapy progress report documented completion of 6 visits. There was no documentation of improvement in upper extremity range of motion, grip strength, or sensation since 4/5/14. The 6/10/14 surgical progress report cited continued left shoulder and right elbow and wrist pain. Numbness had improved. Therapy notes were reviewed and documented progress. There was mild left shoulder stiffness with pain on range of motion and impingement sign was positive. There was slight tenderness over the right cubital and carpal tunnel scars, mild flexor carpi ulnaris and triangular fibrocartilage complex tenderness, and diminished grip strength. Additional occupational therapy was recommended 2 times per week for 6 weeks. The 6/30/14 utilization review modified the request for 12 additional occupational therapy visits to 6 visits to address continued functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 times a week for 6 weeks for the left shoulder, right elbow, and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For cubital tunnel release, the general recommended course is 20 visits over 10 weeks during the 6-month post-surgical treatment period. For post-injection therapy to the shoulder, the Official Disability Guidelines recommend physical therapy for 1 to 2 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. There is no objective measurable functional improvement documented by the physical therapist relative to the left shoulder or right elbow/wrist over the first 8 post-op visits. The 6/30/14 utilization review partially certified 6 additional visits to address continued functional deficits. There is no compelling reason to support the medical necessity of additional treatment beyond that currently certified pending documentation of functional benefit. Therefore, this request is not medically necessary.