

Case Number:	CM14-0129088		
Date Assigned:	09/05/2014	Date of Injury:	11/02/2012
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 54 year-old male who sustained work-related injuries on November 2, 2012. He underwent right shoulder arthroscopy on January 23, 2014. Per March 12, 2014 records, the injured worker complained of constant moderate pain that was best described as aching and made worse by gripping and grasping. He also reported numbness to the area. On examination, +3 spasm and tenderness to the right wrist flexors and wrist extensor was noted. Tinel's sign, Bracelet test, and Phalen's test were positive on the right. Right wrist grip strength measured through Jamar Dynamometer readings were 25/20/20. A request for six post-operative physical therapy sessions was made. He underwent a magnetic resonance imaging (MRI) of the right wrist on April 16, 2014 and results revealed high signal is noted throughout the lunate and also involving the most ulnar portion of the proximal aspect of the navicula. These findings may be related to marrow edema due to bone contusion but Kienbock syndrome with osteonecrosis of the lunate cannot be ruled out. He underwent an Agreed Medical Evaluation on April 10, 2014 and reported paresthesia involving the index and long finger of the right wrist and it would wake him up at night. He also has difficulty pushing and pulling as well as gripping and grasping using the right upper extremity. Right wrist examination noted tenderness. Range of motion was full. Tinel's sign and Phalen's test were positive. Grade IV diminished sensation to the index finger and long fingers of the right upper extremity was noted. He is diagnosed with (a) status post-surgery to the right shoulder, 1999 or 2000, from prior industrial injury; (b) status post arthroscopic surgery to the left shoulder, 2010, from prior industrial injury, (c) sprain/strain of the left shoulder with internal derangement, industrially related to November 2, 2012 injury; (d) status post arthroscopic surgery right shoulder, April 2013, by history with unknown exact procedure; (e) status post repeat arthroscopic surgery, right, industrially related to November 2, 2012 injury; (f) carpal tunnel syndrome, right, industrially related to November 2, 2012 injury;

(g) history of abnormal neurological studies of the right upper extremity revealing carpal tunnel syndrome; (h) magnetic resonance imaging (MRI) of the elbow, April 16, 2014, small amount of fluid in the olecranon fossa and by the radiocapitellar joint which may be mild posttraumatic or post inflammatory effusion; and (i) MRI of the right wrist, April 16, 2014, findings may be related to marrow edema due to bone contusion but Kienbock syndrome with osteonecrosis of the lunate cannot be ruled out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op physical therapy, 12 visits, Right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 14.

Decision rationale: According to evidence-based guidelines, there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel. Evidence may justify 3 to 5 visits over 4 weeks after surgery and benefits need to be documented after the first and prolonged therapy is not supported. Although guidelines indicate that in the event the injured worker/patient sustains an exacerbation related to the procedure or 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 physical medicine period. In this case, the injured worker is noted to have undergone a right shoulder surgery in January 2014 but the request is 23 postoperative physical therapy visits to the right wrist. Based on the records received, the injured worker did not undergo any surgery involving the right wrist. Therefore, the medical necessity of the requested post-operative physical therapy 23 visits to the right wrist is not established.