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| Case Number: | CM14-0099860 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 01/19/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 45 year old female with a date of injury of 1/19/13. Mechanism of injury is unclear. On 6/12/14, she complained of incisional numbness and completed PT. Of note, she has had right wrist pain as well as numbness and tingling in the right hand and was diagnosed with carpal tunnel syndrome, S/P right Carpal tunnel release in June 2014. Postoperatively, she received 8 PT visits. On exam, she is able to flex and extend all fingers. Sensation is intact. Patient was advised to do home exercise. She was noted that her right shoulder pain improvement plateaued. Past medical / surgical history includes diverticulitis, cervical DDD, rotator cuff rupture, S/P Subscapularis repair, S/P AC joint excision and biceps tenotomy. Medications include Vicodin, Cyclobenzaprine, Naproxen. On 6/12/14, she was seen in follow up. She complains of right shoulder pain, worse with overhead activities. Prior request for PT 2 x 4 weeks was not medically necessary due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two sessions per week for four weeks to the right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Per CA MTUS Chronic pain treatment guidelines, physical therapy can be allowed 3-8 visits over 3-5 weeks after surgery. Long term treatments are not recommended as there is limited evidence of effectiveness. Benefits need to be documented after the first week. Additionally, the patients are expected to perform home exercise program after a short period of physical therapy. In this case, there is no evidence of re-injury, failed surgery or surgery revision to necessitate continued physical therapy. There is no documentation of any improvement in pain or function with prior therapy to demonstrate the effectiveness. Additional therapy would exceed the allowed number of visits. Therefore, the medical necessity of the request for additional physical therapy is not established per guidelines and available clinical information.