

Case Number:	CM14-0211294		
Date Assigned:	12/24/2014	Date of Injury:	08/22/2012
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas, California

Certification(s)/Specialty: Family Practice

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 50 year old female patient who sustained an injury on 8/22/2012. She sustained the injury while taking items from a box on her work table and packing them into boxes that were on shelves, one of those boxes became full, she pulled it forward on the shelf and felt a pinching pain in her left shoulder. The current diagnosis includes status post carpal tunnel release. Per the doctor's note dated 10/21/14, she had complaints of neck pain, left shoulder pain with radiation to left upper extremity, bilateral wrists and hands pain. The physical examination revealed cervical spine- decreased range of motion, wrist/hands- normal range of motion, no tenderness, negative Tinel's, Phalen's and Finkelstein test bilaterally, mild decreased sensation in median nerve distribution bilaterally. Per the note dated 12/8/14, she had complaints of right hand, wrist and thumb pain with numbness and tingling. The physical examination revealed positive Tinel's and Phalen's on the right, tenderness and decreased range of motion on the left. The current medications list is not specified in the records provided. She has had MRI cervical spine dated 4/9/2013 which revealed disc dessication at C5-6 with moderate left foraminal narrowing; left shoulder MRI dated 4/9/2013 with normal findings. She has undergone left carpal tunnel release on 8/20/14; cervical epidural steroid injection on 8/27/2013, 10/22/2013 and in 11/2013. She has had at least 8 post operative physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3, 6 visits for the left wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS post-surgical guidelines recommend 3 to 8 post op visits over 3 to 5 weeks for this surgery. Per the records provided patient has at least 8 post op physical therapy visits for this surgery. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. In addition per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 2x3, 6 visits for the left wrist/hand is not fully established for this patient at this time.