

Case Number:	CM14-0038661		
Date Assigned:	06/27/2014	Date of Injury:	12/19/2012
Decision Date:	03/16/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old female who sustained an industrial injury on December 19, 2012. The mechanism of injury was not provided. The injured worker reported right hand pain. Diagnoses include adhesive capsulitis right shoulder and right wrist. Treatment to date has included pain management, surgery and physical therapy. The current physical therapy documentation dated June 26, 2014 notes that the injured worker reported paresthesia along the right radial wrist with activities. Pain of the right shoulder and hand was noted with activities. Pain level of the hand was noted to be a five to seven out of ten on the Visual Analogue Scale. Right shoulder pain was rated at a three to five out of ten on the Visual Analogue Scale. The injured worker had severe difficulties with activities of daily living and work activities. Utilization Review references a physician's report dated March 10, 2014 which was not submitted for this review. Utilization Review dated March 17, 2014 notes that the injured worker underwent a right S-L ligament repair and hardware removal which occurred on May 23, 2013 and July 25, 2013. On April 2, 2014, the injured worker submitted an application for IMR for review of twelve additional post-operative physical therapy visits to the right hand and wrist. On March 17, 2014 Utilization Review non-certified the request for the twelve additional physical therapy visits. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL POSTOP PHYSICAL THERAPY VISITS - RIGHT HAND & WRIST:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: California Post-Surgical Treatment Guidelines support additional post-operative physical therapy if there is physician documentation of functional progress with initial post-op therapy and specific goals for additional post-op therapy. The records in this case do not clearly document specific goals for additional post-op therapy. The guidelines anticipate that this patient would have transitioned to an independent active home rehabilitation program by the time frame under review; the requested additional physical therapy is not medically necessary.