

Case Number:	CM15-0111521		
Date Assigned:	06/18/2015	Date of Injury:	11/01/2013
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60-year-old female, who sustained an industrial injury on 11/1/13. She reported a shoulder injury. The injured worker was diagnosed as having history of arthroscopic shoulder surgery, right carpal tunnel syndrome, impingement syndrome of right shoulder and history of rotator cuff tear repair. Treatment to date has included arthroscopic shoulder surgery including rotator cuff repair, oral medications including Acetaminophen, Indocin, post-op physical therapy, cock up splint, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of right shoulder performed on 8/14/14 revealed rotator cuff tendinosis and mild hypertrophic degenerative changes of the acromioclavicular joint. Currently, the injured worker complains of right shoulder pain rated 5/10 and right hand thumb index finger pain/numbness rated 0-4/10. She may work with modifications. Physical exam noted tenderness to palpation at anterior shoulder greater tuberosity. A request for authorization was submitted for 12 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist occupational therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right wrist occupational therapy two times a week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are two weeks status post right carpal tunnel release. The request for authorization is dated May 27, 2015. The progress note dated May 26, 2015 states the injured worker is status post carpal tunnel release. The treating provider requested the first set of 12 sessions of physical therapy (two times a week times six weeks). The guidelines recommend a six visit clinical trial prior to continuing physical therapy. The treating provider requested 12 sessions of physical therapy. The treating provider exceeded the recommended guidelines for the six visit clinical trial. Consequently, absent clinical documentation, pursuant to the guidelines, of a six-visit occupational therapy request with evidence of objective functional improvement with the six visit clinical trial, right wrist occupational therapy two times a week times six weeks is not medically necessary.