

Case Number:	CM15-0124108		
Date Assigned:	07/08/2015	Date of Injury:	06/13/2013
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 40-year-old male with an industrial injury dated 06/13/2013. The injury occurred when he tried to catch a falling ladder and strained his right shoulder. He felt pain in his right shoulder neck and chest wall. His diagnoses included pain in shoulder joint, neck pain and major depression and anxiety. Prior treatment included physical therapy, right shoulder arthroscopy, home exercise program, right ulnar nerve decompression, and elbow injection and medications. Progress note dated 05/21/2015 noted the injured worker continued to report pain in the right shoulder and right elbow which was worse with lifting light objects and with repetitive use of right arm. Range of motion of the right hand, wrist, forearm and elbow was full and fluid. Incision was well healed. There was decreased grip strength on the right side as compared to the left. The request is for (hand) orthopedic consult within medical provider network and physical therapy 2 times weekly for 4 weeks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 4 wks, 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow, Physical Therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand Tenosynovitis.

Decision rationale: The patient's MRI shows ECU tendonitis and TFCC inflammation. Per ODG: Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 14 visits over 12 weeks. The request for 8 visits is consistent with ODG. (MTUS only has post-surgical guidelines and the patient has not had wrist surgery). The request is medically necessary.

Hand, Orthopedic consult within Medical Provider Network: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention."The patient has wrist pain, a TFC lesion and chronic tendonitis. Referral for hand surgery consultation is indicated because the patient has clear clinical and special study evidence (MRI of wrist) of a lesion (TFCC inflammation, ECU tendonitis) that has been shown to benefit, in both the short and long term, from surgical intervention. The request is medically necessary.