

Case Number:	CM15-0024377		
Date Assigned:	02/13/2015	Date of Injury:	10/22/2007
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female sustained a work related injury on 10/22/2007. According to documentation dated 10/17/2014, the provider noted that the current treating physician was apparently recommending a left wrist surgery, but the benefits of such treatment were probably questionable. The injured worker reported no significant decrease in numbness and tingling after bilateral carpal tunnel release procedures and that her right radial wrist pain did not significantly improve after first dorsal compartment release. The provider noted that there was however reasonable likelihood of improvement with arthroscopic and surgical treatment of right shoulder impingement syndrome. According to a progress report dated 01/07/2015, diagnoses included mild degenerative disc disease and spondylosis of the cervical spine at C5-6 associated with upper extremity radiculitis, a right shoulder subacromial impingement syndrome associated with primary and post-traumatic arthritis of the acromioclavicular joint as well as rotator cuff tendonitis, a right carpal tunnel syndrome associated with flexor tendon tenosynovitis as well as first dorsal compartment tendonitis (De Quervain's Syndrome) status post-surgery associated with primary and post-traumatic arthritis of the trapezium first metacarpal joint, a left carpal tunnel syndrome associated with flexor tendon tenosynovitis status post-surgery as well as first dorsal compartment tendonitis (De Quervain's Syndrome) associated with primary and post-traumatic arthritis of the trapezium first metacarpal joint and morbid exogenous obesity associated with hypertension and diabetes mellitus. The injured worker wanted to undergo a revision surgery for her left wrist that would be similar to that done for her right wrist, but at this time would prefer to finish the right wrist and hand. According to the provider, for both of the

hands a trapezium resection with a Palmaris Longus tendon interposition arthroplasty is the only viable option. The provider noted that in regards to the cervical spine, the options were for cervical epidural injections, cervical medial branch block possibly followed by a cervical radiofrequency procedure or surgery for a possible fusion probably at C5-6. In regard to the right shoulder the options were for subacromial cortisone injections versus potential surgery for a subacromial decompression and a complete distal clavicle resection. On 01/30/2015, Utilization Review non-certified post-op physical therapy 2 x week x 6 weeks right wrist, shoulder back. According to the Utilization Review physician, there was no indication that the injured worker has had surgery or will undergo surgery for the shoulder and back at this time. In regard to the right wrist, although the requested 12 visits are within the recommendation of the referenced guidelines, there was no indication that the request surgery for the right wrist was deemed medically necessary at this time. Guidelines referenced included CA MTUS Neck and Upper Back Complaints, Shoulder Complaints, Forearm, Wrist and Hand Complaints and Postsurgical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 2x a week for 6 weeks, Right Wrist, Shoulder, Back: 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): 99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The Post-Surgical Treatment Guidelines of the MTUS recommend 3-8 visits of physical therapy following the surgical treatment of CTS. The time course for this post-op rehabilitation is 3-5 weeks. In the case of this request, the post-operative time window has been exceeded, as the surgery took place in May 2014 according to a progress note from 1/7/2015. There was no comprehensive summary provided of how many sessions of PT were already attended to date and the outcome of therapy. Furthermore, another problematic issue with this request is that there is no specification as to how many sessions would be devoted to each body region. The guidelines allow a certain amount of PT based upon diagnosis in each body region. This is a request for 3 separate body regions, and 2 of the body regions appear to have no recent surgery. Therefore, this request for post-operative PT is not medically necessary.