

Case Number:	CM15-0028029		
Date Assigned:	02/20/2015	Date of Injury:	02/01/2012
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 58 year old female who sustained an industrial injury on February 1, 2012. She has reported injury to the neck, right shoulder, back, and right upper extremity and has been diagnosed with status post right carpal tunnel release with residuals, rule out recurrent right carpal tunnel syndrome, rule out ulnar entrapment at right guyons canal, rule out right acromioclavicular joint arthrosis and impingement syndrome with tendinitis and bursitis, and lateral epicondylitis, right elbow. Treatment has included injection, physical therapy, and acupuncture. Currently the injured worker has tenderness over the apex of the shoulder, acromioclavicular joint, anterior acromion, and subacromial area as well as lateral subacromial area. Acromioclavicular compression test was positive. The treatment plan included cortisone injection and x-ray of the shoulder. On February 4, 2015 Utilization Review non certified postoperative physical therapy twice weekly right hand/wrist citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, 2 times a week for the Right Hand and Right Wrist:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had right carpal tunnel release on August 19, 2013. The postsurgical physical medicine treatment period is 3 months and is expired. Post surgical treatment guidelines are not applicable. The requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.