

Case Number:	CM15-0065131		
Date Assigned:	04/13/2015	Date of Injury:	06/28/2010
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain, neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 20, 2010. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for physical therapy, range of motion testing, and a follow-up visit. On November 12, 2014, the applicant reported ongoing complaints of shoulder and neck pain status post earlier shoulder and cervical spine surgeries in 2013 and February 2015. Range of motion testing and a shoulder corticosteroid injection were proposed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On January 15, 2015, the applicant was placed off work, on total temporary disability. Aquatic therapy, physical therapy for the hand, and multiple follow-up visits were endorsed. It was stated that the applicant was status post unspecified wrist surgery on July 15, 2014. Derivative complaints of depression and anxiety were reported. On February 13, 2015, the applicant was again placed off work, on total temporary disability, while physical therapy, aquatic therapy and multiple follow-up visits were endorsed. Depression, anxiety, and insomnia were again evident. In a pain management note dated January 12, 2015, the applicant was again placed off work, on total temporary disability, while Norco, Prilosec, Xanax and Celebrex were renewed. Additional outpatient occupational therapy for the wrist was endorsed. It was again stated that the applicant was status post earlier wrist surgery. In an earlier progress note dated September 30, 2014, it was stated that the applicant had undergone a carpal tunnel release surgery. On February 17, 2015, it was stated that the applicant had undergone a left carpal tunnel release surgery on July 15, 2014 and a right carpal tunnel release

surgery on November 19, 2014. In an RFA form dated February 17, 2015, range of motion testing, urine drug testing, multiple follow-up visits, Xanax, Celebrex and Colace were endorsed.

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 6 weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for continuing postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still seemingly still within the three-month postsurgical physical medicine treatment period established in the MTUS Postsurgical Treatment Guidelines following earlier right-sided carpal tunnel release surgery on November 19, 2014 as of the date of the request, February 17, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of three to eight treatments following carpal tunnel release surgery has apparently transpired here, this recommendation is, however, qualified by commentary in MTUS 9792.24.3.c.4b to the effect that in cases where no functional improvement is demonstrated, treatment may be discontinued at any point during the postsurgical physical medicine treatment period. Here, all evidence on file pointed to the applicant's having failed to respond favorably to earlier treatment. The applicant had failed to return to work. The applicant was off work, on total temporary disability, as of the date of the request. The applicant remained dependent on opioid agents such as Norco. The attending provider's documentation, in short, failed to outline any meaningful or material improvements in function affected through previous unspecified amounts of physical therapy treatment through the date of the request. The fact that the applicant remained off work, on TTD, coupled with the fact that the applicant remained dependent on opioid agents such as Norco on or around the three-month mark of the date of surgery suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.

Range of motion for the left wrist: Upheld

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): 257.

Decision rationale: Similarly, the request for range of motion testing for the wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 257, an attending provider's examination of the forearm,

hand, and wrist should include evaluating active and passive range of motion within the applicant's limits of comfort. Here, the request for formal computerized range of motion testing ran counter to ACOEM principles and parameters as ACOEM stipulates that an attending provider should assess range of motion of the wrists both actively and passively as part and parcel of the usual and customary office visit. Therefore, the request for formal [computerized] range of motion of the wrist was not medically necessary.

Follow-up in 2-3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Finally, the request for follow-up visit in two to three weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted," even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was off work. The applicant was on opioid agents such as Norco. Obtaining a follow-up visit, thus, was indicated for variety of purposes, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.