

Case Number:	CM13-0005793		
Date Assigned:	12/11/2013	Date of Injury:	10/26/2011
Decision Date:	08/25/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 50-year-old male with a 10-26-2011 date of injury, due to repetitive motion. 7/25/13 determination was modified given a mutual agreement at the time of the peer to peer for six sessions of physical therapy to the right wrist and for withdrawal of the request for shoulder physical therapy. The prior determination also stated that the patient had a course of physical therapy following the initial injury, which resulted in complete resolution and return to full activity. The patient was discharged from care on 1/5/13. Six months later the patient returned with an exacerbation and the provider indicated that a brief course of physical therapy was expected. It was noted that an examination was not provided for the shoulder. 8/7/14 orthopedic report indicated constant pain along the right hand and wrist rated 8/10. The pain was accompanied by numbness, tingling, and decreased sensation. The pain spread from the forearm to the shoulder, aggravated with repetitive movement. Exam revealed tenderness noted along the volar aspect of the right wrist extending to the radial aspect at the base of the thumb. Tenderness over the lateral epicondyle and positive Cozen's test. No exam was included for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 5 TIMES 2 FOR 10 SESSIONS FOR THE RIGHT WRIST AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that 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) (<http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient apparently had a significant improvement in symptoms following a course of physical therapy and was released from care on January 2013. It was also noted that the patient returned with symptoms six months later, for which a short course of physical therapy was expected. It was also noted that at the time of the prior determination there was an agreement for a modified treatment plan for 6 sessions to the wrist, since no exam was provided for the shoulder. Considering all this, the prior determination was medically appropriate. However, given inability to render a modified/partial certification, considering that 10 sessions of physical therapy exceed ODG recommendations for a six-visit clinical trial, and no exam findings to corroborate shoulder functional deficits, the requested physical therapy was not medically necessary.