

Case Number:	CM13-0025245		
Date Assigned:	11/20/2013	Date of Injury:	02/18/2013
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 35 year old who reported an injury on 02/15/2013. The mechanism of injury was a 5 foot fall to the ground. The most recent clinical note dated 08/20/2013 reported decreased left shoulder range of motion, with flexion at 170/180, abduction at 160/180, and external rotation is tight and sore, near full at 80/90. Internal rotation was still limited at 70/90. There was review of the previous diagnostic studies to include magnetic resonance imaging of the left wrist, and left shoulder done on 06/14/2013, and nerve conduction study of upper extremities. Ganglion cysts were present to left wrist and the physician mention possible surgery to the left wrist. There was evidence of possible minimal carpal tunnel syndrome. Diagnoses given included: Facet syndrome, rotator cuff syndrome, lumbosacral sprain/strain, wrist sprain/strain, ganglion of tendon sheath, effusion of wrist/hand, and shoulder/upper arm sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2x a week x 4 weeksto left shoulder and left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines recommend that active physical therapy are beneficial for restoring the patient's strength, flexibility, range of motion, endurance, and aide in decreasing discomfort. It is also mentioned in the MTUS guidelines that physical therapy can provide short term relief during early phases of pain treatment. The patient's condition is beyond the early stages, at this point. There is also mention of a possible surgery needed for the patient's left hand/wrist. As such, the need for physical is not supported. The recommended surgery may help alleviate the discomfort and limitations in the left hand. The request for physical therapy 2x a week for 4 weeks to the left shoulder and left hand is non-certified.