

Case Number:	CM13-0039557		
Date Assigned:	12/20/2013	Date of Injury:	07/28/2009
Decision Date:	12/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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:

The underlying date of injury in this case is 07/28/2009. The primary diagnoses include left shoulder impingement, status post left carpal tunnel release, left wrist tendinitis, and left wrist de Quervain's tenosynovitis. The mechanism of injury is cumulative trauma. The utilization review under appeal is dated 09/23/2013. On 08/13/2013, the patient was seen in primary treating physician follow-up regarding left shoulder pain, left ventral forearm pain, and bilateral wrist pain. The patient reported that her symptoms had been occurring for 4 years and limited her activities of daily living and were exacerbated by grasping or gripping. That note indicates the patient had received physical therapy and had been complying with that regimen. The treating physician noted that the patient previously received extensive instructions on home exercises, and the treating physician also reviewed these exercises, with the focus on prolonged static stretches of the shoulder adductor and external/internal rotators. The treating physician recommended 1-2 sessions of therapy a month for the next year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for the left shoulder, wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an independent home rehabilitation program. The medical records indicate that this patient has been instructed in such an independent home rehabilitation program. A rationale or indication for additional supervised rather than independent rehabilitation is not apparent. Overall the records and guidelines do not support an indication at this time for additional supervised physical therapy. This request is not medically necessary.