

Case Number:	CM13-0069998		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2013
Decision Date:	06/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for pain in the low back, right shoulder, right hand and wrist from an associated injury on July 9, 2013. Treatment to date has included medications, modified duty, subacromial injection - 1 episode and physical therapy for eleven sessions. Medical records from 2013 through 2014 were reviewed which showed that the patient complained of pain persistent stabbing pain in the right shoulder, rate 8/10 associated with a burning sensation. There was also low back pain, rate 8/10. Right wrist pain was also noted with a rate of 5/10 associated with numbness and pins and needles. On physical examination, tenderness was noted on the cervical paraspinal and bilateral trapezial muscles. Examination of the right shoulder revealed tenderness as well as on the acromioclavicular joint. Active abduction is at 160 degrees, flexion at 160 degrees and external rotation at 80 degrees. Pain was noted during the supraspinatus and impingement maneuvers. Apprehension and lift-off maneuvers were negative. Examination of the right wrist showed tenderness. Mild swelling was also noted. Dorsiflexion was at 70 degrees and volar flex at 70 degrees. Radial and ulnar deviation was at 20 degrees. Examination of lumbar area showed paraspinal tenderness, muscle spasm and guarding. Range of motion was also restricted. Flexion was at 45 degrees and extension at 15 degrees. Straight leg raise test was negative. MRI of the right shoulder done last November 13, 2013 revealed mild supraspinatus tendinosis. MRI of the lumbar spine without contrast done last November 13, 2013 revealed no evidence of acute injury, posterolateral right kidney focal cortical scar and enlarged uterus with evidence of adenomyosis and likely fibrosis. Utilization review from December 10, 2013 denied the request for Physical Therapy of the right wrist because the available clinical information does not support that the request is medically reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OF 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 Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines it stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The September 13, 2013 medical report documented 3/10 right wrist pain as well as weakness, numbness, and tingling, but only of pain in subsequent notes, most recently November 22, 2013 based on records provided. Exam findings in all medical reports provided, include normal dorsiflexion and volar flexion of the wrist. Then, the November 1, 2013 medical report stated that the patient's neck, right shoulder and right hand continue to bother her, and that she had attended eleven of twenty-four authorized physical therapy visits. Yet the November 22, 2013 medical report stated that the patient had not had the previously requested physical therapy authorized, and that 6 physical therapy visits were being requested for the patient's neck, back and right shoulder (the right wrist was not included). The medical reports show inconsistencies except for consistently normal dorsiflexion and volar flexion of the right wrist. It is unclear if physical therapy for the right wrist has been provided to date, including the quantity of sessions, and the outcome. Additionally, there was no clear definition as to the timing, frequency and functional goal of the treatment. The request for physical therapy of the right wrist is not medically necessary or appropriate.