

Case Number:	CM14-0108651		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2013
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 03/11/2013. The patient's treating diagnoses have included right shoulder impingement, bilateral wrist extensor tenosynovitis, and bilateral upper extremity compression neuropathy. This patient previously received at least 12 visits of physical therapy. On 01/22/2014, the patient was seen in follow-up by her primary treating orthopedic physician. The patient reported maintaining her activities of daily living with medication, going shopping for groceries, and light household duties. The patient reported that medication was allowing her greater adherence to recommended exercise. On exam, the patient had tenderness of the anterior right shoulder at the acromioclavicular joint with forward flexion to 90 degrees and adduction 80 degrees and positive impingement sign. The treating physician recommended additional physical therapy to the bilateral wrists/hands 3 times per week for 4 weeks. The treating diagnoses included right shoulder impingement/rotator cuff pathology and rule out bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, right shoulder: 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 Physical medicine, carpal tunnel syndrome Page(s): 99, page 15..

Decision rationale: The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends transition to an independent active home rehabilitation program; with regard to the patient's shoulder, this patient would be anticipated to have transitioned to such an independent rehabilitation program by this time. With regard to the diagnosis of carpal tunnel syndrome, the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on carpal tunnel syndrome, page 15, states that there is only limited evidence to support the effectiveness of physical or occupational therapy. Those guidelines support very limited preoperative physical therapy and support up to 5 postoperative physical therapy visits. Thus, the current request for physical therapy would not be indicated for the diagnosis of carpal tunnel syndrome, as it exceeds those guidelines. The current request for Physical Therapy is not indicated for the specified right shoulder since the records do not provide a rationale as to why the patient would require supervised, rather than independent, home rehabilitation. For these reasons, this request is not medically necessary.