

Case Number:	CM14-0112118		
Date Assigned:	08/13/2014	Date of Injury:	09/09/2010
Decision Date:	10/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Illinois. 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 injured worker is a 38-year-old female who reported injury on 09/09/2010. The mechanism of injury, surgical history and diagnostic studies were not provided. Prior therapies included physical therapy. Documentation of 04/17/2014 revealed the injured worker had complaints of joint pain and right wrist pain with numbness in the 2nd and 3rd fingers. The injured worker was wearing the wrist splint at night. The request was made for physical therapy. The rationale was the injured worker had pain and limited range of motion of the right shoulder, carpal tunnel in the right wrist and right medial epicondylitis. The request was made for 6 sessions of physical therapy for flare up, which was not responding to a home exercise program and wrist brace. The documentation of 07/07/2014 revealed the injured worker had complaints of joint pain. The injured worker has right wrist pain with numbness in the 2nd and 3rd fingers. The injured worker was wearing a wrist splint at night. The injured worker indicated she painted 1 wall this weekend and had pain in the right shoulder and right wrist. The injured worker's pain was noted to be worse since the weekend. The injured worker's medications include Ketoprofen 75 mg. The documentation indicated the injured worker had received a denial of physical therapy sessions. The physical examination revealed the injured worker had tenderness to palpation in the biceps groove, glenohumeral joint, trapezius and had trigger points with a twitch response. The injured worker had tenderness to palpation in the right medial epicondyle. The injured worker had a positive Phalen's and Tinel's sign. The injured worker had tenderness to palpation at the dorsal wrist and first compartment of the right wrist. The diagnoses included cervical radiculopathy, carpal tunnel syndrome, thoracic outlet syndrome and sprain shoulder/arm. The treatment plan included an appeal for physical therapy for flare ups. The physician documented the injured worker had been working full time, modified duty and was right handed. In the past the injured worker was noted to have trialed physical therapy, trigger point injections and oral medication.

The injured worker had therapy that helped her. The injured worker had restricted range of motion of the right shoulder and carpal tunnel in the wrist. The injured worker had shoulder pain in range of motion, worse at the end of the day associated with muscle spasms, despite the home exercise program taught by the physical therapist. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks, right arm and 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend up to 10 sessions of physical medicine treatment for the treatment of myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously utilized therapy and had benefit. However, there was a lack of documentation of objective functional benefit and the quantity of sessions that were previously utilized. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for physical therapy 2 times a week for 3 weeks for the right arm and right wrist is not medically necessary.