

Case Number:	CM14-0128621		
Date Assigned:	08/18/2014	Date of Injury:	04/09/2013
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 49-year-old female who reported an injury due to continuous/repetitive trauma on 04/09/2013. On 09/18/2013, the examination of her bilateral wrists and hands revealed a positive Tinel's test and Phalen's test. She had full range of motion with tenderness to palpation over the volar and palmar aspects of both wrists and hands. She was receiving occupational therapy 2 times a week for 4 weeks. On 06/13/2014, her diagnoses included right shoulder impingement syndrome, carpal tunnel syndrome in both hands, arthropathy in both hands and bilateral feet plantar fasciitis. The recommendations were for physical therapy 2 times a week for 6 weeks to the right shoulder and both hands. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/01/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits for the 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 Page(s): 98-99.

Decision rationale: The request for Physical therapy 12 visits for the shoulder is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis, unspecified, is 9 to 10 visits over 8 weeks. The submitted documentation revealed that this worker participated in occupational therapy for 8 visits in the fall of 2013. The additional 12 visits that are requested exceeds the recommendations in the guidelines. Additionally, the side of the body to receive the requested physical therapy treatments was not specified in the request. Therefore, this request for Physical therapy 12 visits for the shoulder is not medically necessary.