

Case Number:	CM14-0138229		
Date Assigned:	09/05/2014	Date of Injury:	03/08/2013
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 a 37-year-old female with an injury date of 03/08/2013. Based on the 07/07/2014 progress report, the patient complains of having neck pain and upper extremity pain. Upon examination, the patient has trapezial spasm and stiffness of the neck. She also has a positive impingement of the right shoulder as well as a positive Phalen's and Tinel's of the right wrist. The 04/28/2014 report also indicates that the patient has right shoulder pain and continues to have numbness and tingling. She has numbness, tingling, and decreased sensation in her hands. The patient's diagnoses include the following: 1. Right shoulder chronic subacromial bursitis with inflammation, not responding to physical therapy and subacromial injection. 2. Right wrist dorsal ganglion cyst by clinical examination, small. 3. Right facet degenerative changes with neuroforaminal narrowing at C3-C4. 4. Bilateral carpal tunnel syndrome based on EMG as well as the amended claim for chronic repetitive continuous trauma injury from 03/08/2012 until 03/07/2013. The utilization review determination being challenged is dated 07/29/2014. Treatment reports were provided from 03/17/2014, 04/28/2014, and 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 6 wks right shoulder, hand and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprained shoulder, rotator cuff

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 07/07/2014 report, the patient complains of having neck pain and upper extremity pain. The request is for physical therapy 2 x week x 6 weeks right shoulder, hand, and wrist. The 04/28/2014 report indicates that the patient has been authorized for 12 sessions of physical therapy for her neck, right hand, and wrist. This report also indicates that the patient is not responding to physical therapy. The 07/07/2014 report states that the patient "is finishing up her physical therapy for the neck and upper extremity. She is noting some slight improvement in her symptoms after therapy sessions; however, unfortunately, pain returns." MTUS Guidelines pages 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended for 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater has requested for a total of 12 physical therapy sessions in addition to the 12 therapy sessions that the patient has already had for her right shoulder, hand, and wrist. A short course of therapy might be reasonable if the patient has flared up, has a new injury, or is aggravated. However, it seems as though the patient has been consistently having this pain with no benefit from the physical therapy she has already had. The requested 12 sessions exceeds what is allowed by MTUS. Recommendation is for denial.