

Case Number:	CM14-0173838		
Date Assigned:	10/27/2014	Date of Injury:	05/28/2013
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology 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 Injured worker (IW) is a 33 year-old right-hand dominant female with a reported date of injury as 5/28/13. The mechanism of injury is reported to be repetitive stress to the right upper extremity while performing her duties a waitress. Her initial qualified medical examiners assessment from 2/5/14 revealed she has a positive shoulder impingement on the right side with decrease in range of motion of the right shoulder in flexion, abduction and extension and both external and internal rotation. Her grip strength as assessed by a Jamar Dynamometer was found to be decreased with the right hand as compared to the left, with 0, 5, and 0 lbs. tested on the right and 25, 30 and 25 lbs. on the left. The Neurological examination is reported as normal. An MRI of the cervical spine from 5/29/13 is referenced and noted to have multilevel degeneration. The IW has already participated in physical therapy for a total of 12 sessions and is reportedly starting a new series of eight physical therapy sessions. A previous request for an additional six sessions of physical therapy for the right upper extremity has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 1 time a week for 6 weeks and Right Upper Extremity: 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 Guidelines Page(s): 99.

Decision rationale: Based on the information provided, the injury described to the right upper extremity would be classified as a myalgia. The results of the cervical spine MRI and both of the exams provided by the qualified medical examiners reveal this injury is not secondary to a neurological cause. As such, the recommended physical medicine guidelines recommend nine to ten visits over an eight week period for myalgia. Since the injured worker has already participated in 12 physical therapy sessions for her right upper extremity (which exceeds number recommended), the request for six additional sessions for hand and right upper extremity therapy is not medically necessary.