

Case Number:	CM14-0043621		
Date Assigned:	07/02/2014	Date of Injury:	05/16/2005
Decision Date:	08/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/10/2014

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 patient is a 61 year old with an injury date on 5/18/05. Patient complains of hand numbness/tingling/weakness per 11/11/13 report. Patient has severe shoulder pain, with difficulty with activities of daily living including lifting, pushing, overhead/over-shoulder activities per 3/3/14 report. Based on the 3/3/14 progress report provided by [REDACTED] the diagnoses are: 1. anxiety disorder NOS2. sleep disorder due to pain - insomnia type3. cervical radiculopathy4. lumbosacral radiculopathy5. shoulder impingement6. wrist tend/bursExam on 3/3/14 showed "loss of motor strength over the left deltoid noted to be grade 4/5. Well-healed incision over surgical site (shoulder). Phalen and a reverse Phalen's testing is positive over the wrist bilaterally with decreased range of motion and decreased grip strength." [REDACTED] is requesting physical therapy to bilateral wrists 2x6. The utilization review determination being challenged is dated 4/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/14/13 to 3/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Bilateral Wrists 2x a week for 6 weeks: 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 Page(s): 98-99.

Decision rationale: This patient presents with neck pain, back pain, shoulder pain, and bilateral wrist pain with numbness/tingling/weakness, and is status post shoulder arthroscopy from 2013. The treater has asked for physical therapy to bilateral wrists 2x6 on 3/3/14. Review of the report shows no history of wrist surgery, and no recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for 12 sessions of physical therapy. Given the lack of any therapy treatments in the recent past a short course of 8-10 sessions may be supported by MTUS but not the requested 12 sessions. In addition, the reports following 11/11/13 primarily describe shoulder pain without any description of wrist pain. It is not known why therapy would be required of the wrist. Recommendation is for denial.