

Case Number:	CM14-0045369		
Date Assigned:	07/02/2014	Date of Injury:	03/24/2005
Decision Date:	09/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 Nevada. 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 records presented for review indicate that this 53 year old gentleman was reportedly injured on March 24, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of numbness and tingling as well as weakness of the hand with difficulty grasping objects. The physical examination of the right shoulder demonstrated tenderness at the acromioclavicular joint and decreased range of motion and strength. There was a positive impingement and Hawkins sign as well as crepitus with range of motion. Examination the right elbow indicates a well healed incision. Examination of the wrist indicates tenderness along the carpal tunnel. There was an equivocal Tinel's test of the wrist. Diagnostic imaging studies of the right shoulder indicated postoperative changes of a prior acromioplasty and Mumford procedure. Previous treatment includes a right sided carpal tunnel release and physical therapy. A request was made for six sessions of physical therapy and was not certified in the preauthorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 sessions (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: It is not stated if this request is for the right wrist or the right shoulder. However, a review of the attached medical records indicate that the injured employee has previously participated in twenty six visits of physical therapy. Considering this it is unclear why an additional six visits are requested. Without justification and clarification, the request for six visits of physical therapy are not medically necessary.