

Case Number:	CM14-0047485		
Date Assigned:	07/02/2014	Date of Injury:	05/01/2010
Decision Date:	09/24/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/15/2014

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, 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 42-year-old female with date of injury of 05/01/2010. The listed diagnoses per [REDACTED] are: 1. Carpal tunnel syndrome, left. 2. Cervical radiculopathy. 3. Impingement syndrome shoulder. 4. Left De Quervain's tenosynovitis. According to progress report 03/24/2014, the patient presents with left wrist, left hand, and left shoulder pain. Examination of the shoulders/upper arm revealed tenderness noted to the left wrist and hand grade 3. There is left shoulder impingement with the Dugas test. Examination of the left wrist revealed tenderness upon palpation. Treater is requesting authorization for physical therapy for the left shoulder and left wrist 3 times a week for 3 weeks. Utilization review denied this request on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 9 for the left shoulder and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with left shoulder, left wrist, and left hand complaints. The treater is requesting physical therapy 3 times a week for 3 weeks. The medical records

provided for review include progress reports from 10/02/2013 through 03/24/2014. The number of prior physical therapy sessions received to date and the date they were received is not provided. The patient has received 32 occupational and physical therapy sessions for the left shoulder/wrist and hand complaints. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient has received ample physical and occupational therapy to address her issues. The treater does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the treater's request for 9 additional sessions exceeds what is recommended by the MTUS Chronic Pain Guidelines.