

Case Number:	CM14-0049354		
Date Assigned:	07/02/2014	Date of Injury:	06/08/2010
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Management, 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 56-year-old female with date of injury of 06/08/2010. The listed diagnoses per [REDACTED] are: 1. Carpal tunnel syndrome, bilateral. 2. Ulnar neuritis. 3. Epicondylitis, bilateral, medial and lateral. 4. Right shoulder impingement. According to this report, the patient complains of pain along the shoulder and elbow area. She states that she has sharp shooting pains down the arm. The physical exam shows the patient is alert, well-nourished, well-developed, in no acute distress. There is numbness present along the olecranon. Left wrist shows a well-healed incision. Impingement sign is positive. There is tenderness to palpation at the levator and rhomboid. Right elbow shows good motion with positive tenderness to palpation at the lateral and medial epicondyle. There is pain with resisted motion. Strength is 4-/5. The right wrist shows decreased range of motion with a positive Tinel's, Phalen's, and Finkelstein's test. There is tenderness to palpation at the first (CMC) carpometacarpal. Grind test is positive. The utilization review denied the 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:

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment

for Workers' Compensation, Online Edition Chapter: Shoulder/Elbow/Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99.

Decision rationale: This patient presents with shoulder and upper extremity pain. The treater is requesting 12 physical therapy sessions. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 96 pages of records do not document the patient's therapy history. In this case, while the patient can benefit from a short course of physical therapy to address range of motion and strength, the requested 12 sessions exceed MTUS recommendations. Recommendation is for denial.