

Case Number:	CM14-0053646		
Date Assigned:	07/07/2014	Date of Injury:	04/01/2008
Decision Date:	08/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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 & 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 60-year-old with an injury date of 4/1/08. Patient complains of right upper extremity pain, with radiation to right elbow and wrist per 3/27/14 report. Patient has tried acupuncture and cortisone injections and returned to work in January, with a subsequent increase in pain, per 3/27/14 report. Based on the 3/27/14 progress report, the diagnosis is rotator cuff tendon tear. The exam on that date showed the right shoulder has pain with all range of motion. The patient lost 10 degrees of flexion and 20 degrees of abduction. Rotator cuff strength is at 3+/5. The exam revealed positive impingement test, positive Neer test, and positive grind test at the basal joint. The site of a previous de Quervain's incision is tender. The doctor is requesting physical therapy 2x6. The utilization review determination being challenged is dated 4/16/14 and modifies the request from 12 sessions to 10. The requesting provider submitted treatment reports from 3/27/14 to 7/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

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

Decision rationale: This patient presents with right shoulder pain, right elbow and wrist pain and is status post right wrist surgery (de Quervain's release) from September 2010. The treater has asked for physical therapy 2x6, but the request for authorization was not included in the provided reports. A review of the reports does not show any evidence of any recent physical therapy for the wrist being done. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. 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. Therefore, this request is found to be not medically necessary or appropriate.