

Case Number:	CM14-0073029		
Date Assigned:	07/16/2014	Date of Injury:	02/13/2012
Decision Date:	10/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 31-year-old female who was injured on 02/09/2012. The injured worker complains of right shoulder and neck pain, as well as pain in both wrists. The shoulder pain is constant and associated with swelling, while the pain in her right wrists is sharp and associated with weakness. The pain in her left wrist is also sharp in character. She also complains of sharp intermittent pain in her left elbow. The past surgical history is positive for ganglion cyst removal from the right wrist on 05/14/2012. The physical examination revealed slight limitation in the range of motion of the wrists, Decreased grip strength bilaterally, slight weakness in the wrists, positive Tinels signs in the right elbow and wrist, positive impingement tests in the right shoulder manifest by Hawkins and Neer signs. She has been diagnosed of Right shoulder impingement syndrome; Right shoulder internal derangement; Right elbow Lateral Epicondylitis; Right wrist Strain rule out CTS. Treatment include Naproxen, Prilosec, Compound Topical Analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for right shoulder: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 02/09/2012. The medical records provided indicate the diagnosis of Right shoulder impingement syndrome; Right shoulder internal derangement; Right elbow Lateral Epicondylitis; Right wrist Strain rule out CTS. Treatments have included Naproxen, Prilosec, and Compound Topical Analgesic. The medical records provided for review do not indicate a medical necessity for Physical Therapy 2 times a week for 6 weeks for right shoulder. The MTUS recommends that patients be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement during the supervised physical therapy. Therefore, the MTUS recommends to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The requested treatment is not medically necessary.