

Case Number:	CM14-0135485		
Date Assigned:	08/29/2014	Date of Injury:	06/15/2012
Decision Date:	01/28/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Rehab, 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 58 year old male with an injury date of 06/15/12. The patient is status post right shoulder diagnostic and operative arthroscopy on 02/07/14, as per progress report dated 06/23/14. Based on the progress report dated 07/10/14, the patient complains of constant, sharp pain in the low back that radiates to the lower extremities. The pain is rated at 6/10. The patient is also experiencing frequent, throbbing pain in bilateral wrists and hands, rated at 7/10. Repetitive and prolonged motions worsen the pain. Physical examination of the lumbar spine reveals tenderness to palpation and spasm in the paravertebral musculature along with positive seated nerve-root test. Standing flexion and extension are guarded and restricted. The patient is also experiencing tingling and numbness along the L4 and L5 dermatomal distribution. Physical examination of the wrist reveals tenderness in the volar aspect along with positive palmar compression test and subsequent Phalen's test. Tinel's sign is positive over the carpal canal. Range of motion is full but painful while sensation in radial digits is diminished. As per a Request for Authorization form dated 07/29/14, the treating physician has requested for Voltaren, Cyclobenzaprine, Ondansetron, Omeprazole, and Tramadol. The patient has received 24 sessions of post-operative physical therapy for right shoulder which led to slow and steady improvement, as per progress report dated 06/23/14. The patient is retired, as per progress report dated 06/23/14. MRI of the Right Shoulder, 09/11/13, as per progress report dated 06/23/14: Partial thickness rotator cuff tear with complete tear of the biceps tendon and distal retraction beyond the bicipital groove and mild AC joint arthrosis. Diagnoses, 07/10/14:- Carpal Tunnel Syndrome- Lumbago The treating physician is requesting PHYSICAL THERAPY 3 X 4 BILATERAL UPPER EXTREMITIES, BILATERAL HANDS. The utilization review determination being challenged is dated 07/31/14. Treatment reports were provided from 05/08/14 - 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4, bilateral upper extremities, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Procedure Summary

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

Decision rationale: The patient is status post right shoulder diagnostic and operative arthroscopy on 02/07/14, as per progress report dated 06/23/14. Currently, he complains of constant, sharp pain in the low back radiating to the lower extremities along with frequent, throbbing pain in bilateral wrists and hands. The request is for Physical Therapy 3 X 4 Bilateral Upper Extremities, Bilateral Hands. The pain is rated at 6-7/10. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has received 24 sessions of physical therapy post right shoulder diagnostic and operative arthroscopy on 02/07/14, as per progress report dated 06/23/14. The treating physician states that "The patient continues to make excellent progress with physical therapy but he continues to have weakness thus formal physical therapy will benefit him." In the progress report, the treating physician is requesting for six additional sessions along with home physical therapy which will help the patient to transition to a home exercise regimen. A review of the available records does not reflect prior physical therapy for bilateral hands but given the date of injury, the patient may have already received some therapy for his hands as well. Additionally, the treating physician's request for 12 sessions of physical therapy for bilateral upper extremities and hands exceeds what is allowed by MTUS. This request is not medically necessary.