

Case Number:	CM14-0184263		
Date Assigned:	11/12/2014	Date of Injury:	08/12/2013
Decision Date:	04/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62 year old female who sustained an industrial injury on 8/12/13 while typing, gripping, grasping she injured her right wrist and right upper extremity. She noted on and off pain and discomfort in her right wrist and upper extremity during the course of her employment. She was initially examined and diagnosed with carpal tunnel. She had electromyography nerve conduction study of upper extremities, received medication and was given a brace. She then has right carpal tunnel release and post-operative physical therapy. She has prior injury to her knee. She is currently experiencing ongoing numbness, tingling and burning in her hand and hypersensitivity and pain over the areas of the incisions. In addition she has radiating pain into the bilateral upper extremities and into the neck. She has limitations in performing activities of daily living. She has sleep difficulties. Medications were not specifically mentioned. Diagnoses include right shoulder impingement syndrome with tendinitis/ bursitis; right elbow lateral epicondylitis; status post right carpal tunnel and de Quervains tenosynovitis release (11/19/13) with residuals; left carpal tunnel syndrome; rule out cervical radiculitis and diabetes. Treatments to date include physical therapy, medications, surgery, and brace. Diagnostics include electromyography/ nerve conduction study. In the progress note dated 6/26/14 the treating provider's plan of care requests physical therapy for 12 sessions to address right upper extremity, to focus on decreasing pain levels while increasing strength, range of motion and functional capabilities. In the request for authorization dated 7/24/14 the treating provider requested physical therapy 2X6 and shockwave therapy 1X3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the Right Elbow/Shoulder/Wrist and Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OSG- shoulder chapter and pg 27.

Decision rationale: According to the guidelines, physical therapy is indicated for up to 10 visits over 8 weeks for shoulder impingement and 9 visits for synovitis of the wrists. According to the MTUS guidelines, therapy should be provided in a fading frequency and intended for education and counseling. In this case, the claimant completed an unknown amount of therapy and there was no indication that additional therapy cannot be completed at home. The request for 12 sessions of physical therapy is not medically necessary.

Shockwave Therapy 1x3 for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder and shock therapy pg 15.

Decision rationale: According to the guidelines, shock wave therapy is recommended for calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with in homogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In this case, the claimant has shoulder impingement with tendonitis but there is no mention of calcyfying tendonitis. As a result, the request for shockwave therapy is not medically necessary.