

Case Number:	CM14-0185727		
Date Assigned:	12/04/2014	Date of Injury:	05/21/2014
Decision Date:	03/04/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 24-year-old female with a date of injury on 05/21/2014. Documentation from 05/21/2014 indicated that the injured worker was pulling to open a drawer that was stuck. The injured worker noted that she stretched her hand and using force to open the drawer and after a few hours noted pain and swelling to the right arm that went up to the shoulder. Documentation from 05/21/2014 indicated the diagnoses right wrist strain, cervical/neck pain, and right wrist strain along with triangular fibrocartilage complex with edema by magnetic resonance imaging. The medical records provided lacked documentation of date of magnetic resonance imaging performed. Subjective findings from 10/01/2014 indicated complaints of pain to upper back, shoulders, arms, wrists, hands, and fingers. Physical examination from this date was remarkable for tenderness to the cervical spine at cervical four to seven, trapezius, paracervical, and sub occipital muscles on the right with restricted range of motion. The injured worker was positive during shoulder depression testing, Soto Hall testing on the right, and shoulder apprehension testing on the right. The treating physician also noted ventral surface tenderness with restricted range of motion to the right wrist along with a positive Tinel's sign and Phalen's sign. The injured worker was also remarkable for a reduced motor strength and sensation to the upper extremities on the right. Cervical x-ray performed on 05/21/2014 was unremarkable for acute processes. Prior treatments offered to the injured worker included physical therapy and a medication history of Prilosec, Naprosyn, and Salonpas pain patches. Physician documentation from 10/01/2014 noted treatments to be rendered for chiropractic therapy, physical therapy, use of a right wrist brace, and Menthoderm gel. While

documentation indicated that physical therapy treatments was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits, along with lack of documentation of specific details with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/01/2014 noted the injured worker was not able to work. Documentation from 06/30/2014 noted a work status of regular work. On 10/17/2014, Utilization Review modified the prescription of physical therapy to the cervical, right shoulder, and right wrist three times a week for five weeks to physical therapy to the cervical, right shoulder, and right wrist for ten sessions. The physical therapy was modified based on California MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, noting that physical medicine is indicated for myalgia and myositis for nine to ten visits over eight weeks. The Utilization Review noted that the injured worker did not complete any physical therapy treatment thereby recommending ten sessions of physical therapy and noncertification of the remaining five sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 10 sessions for the cervical, right shoulder and right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical therapy, shoulder, Physical medicine, physical/occupational therapy

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

Decision rationale: The patient presents with pain in the upper back, neck, shoulders, arms, wrists, hands and fingers. The current request is for physical therapy 10 sessions for the cervical, right shoulder and right wrist. The treating physician states that the patient suffers from tenderness and restricted range of motion of the neck. She has tenderness of the shoulders and trapezius muscles on the right with restricted range of motion. The wrists are tender with restricted range of motion on the right. The MTUS guidelines state that physical medicine is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the treating physician has not previously prescribed physical therapy. The current request is medically necessary and the recommendation is for authorization.