

Case Number:	CM14-0186627		
Date Assigned:	11/14/2014	Date of Injury:	10/26/2011
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in Ohio. 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 61 year old female injured worker suffered an industrial accident on 10/26/2011. The details of the event and the immediate injuries/symptoms were not documented in the medical record. On 10/07/2014 the diagnoses included cervicgia, lateral epicondylitis, superior glenoid labrum tear and tenosynovitis of the hand/wrist. The injured worker complained of pain when gripping/grasping objects, pain in the upper back, left shoulder and bilateral arm cramps. The physician noted cervical enthesopathy, possible disc disease, with signs and symptoms of cervical radiculopathy. There were no notes provided detailing a physical exam of the upper extremities, specifically the hands or wrists. The provider notes indicated that past physical therapy sessions showed no improvement. The UR decision on 11/4/2014 cited the medical records they examined did not contain evidence of pathology in the wrist or hand. The UR also stated there was no current objective symptoms noted and the documentation revealed that past physical therapy did not result in improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the Shoulder, Hand and Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: The Official Disability Guidelines allow 10 physical therapy visits over 8 weeks for superior glenoid labrum lesions. It is evident that the injured worker has had prior physical therapy, at least for her shoulder, with no real progress made. Those notes were not included for review. The current request is for 12 physical therapy visits which exceed the recommended guidelines for a torn labrum. Additionally, no diagnoses with regard to the hands or wrists were provided for this review. No subjective or objective information regarding any hand or wrist problem could be located within the documents provided. Consequently, 12 physical therapy visits for shoulder, hand and wrist are not medically necessary.