MAXIMUS Federal Services

Case Number:	CM15-0000175		
Date Assigned:	01/09/2015	Date of Injury:	07/31/2010
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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
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:

The injured worker is a 50-year-old female, who sustained an industrial injury on July 31, 2010. She has reported that she was taking care of a patient when the patient grabbed her left hand and squeezed it resulting in moderate to severe dull pain with stiffness of the left hand. The diagnoses have included sprain of the left hand. Treatment to date has included physical therapy, steroid injections, shockwave therapy, medication management, chiropractic therapy and routine monitoring. Currently, the IW complains of pain in the left shoulder/arm as well as pain and numbness in the left hand. Pain was rated an eight in the left shoulder, is unchanged from a previous visit, and rated a two in the left hand, which was documented as improved from a five at a previous visit. Physical exam was remarkable for tenderness to palpation in the left shoulder, arm and hand. The worker reported that physical therapy had help in the past to reduce tenderness and pain. Treatment plan included physical therapy to the left shoulder and long finger, Tramadol twice daily for pain and urine toxicology. At this time, the worker was on work restrictions that included no lifting/carrying over ten pounds, no repetitive shoulder work with the left upper extremity, no repetitive flexion/adduction of the left shoulder and no forceful strength activities of the left hand and wrist. On December 4, 2014, Utilization Review non-certified a physical therapy two times per week for four weeks, noting that the injury was over four years old and there was no documentation of the current need for physical therapy. The worker has had extensive surgery and past physical therapy of twelve visits starting September 4, 2014 and should be independent with a home exercise program; however, there was no documentation of exacerbation that would warrant additional therapy. The MTUs Chronic Pain

Medical Treatment guidelines and the ODG, Shoulder Physical Medicine Chapter was cited.On December 31, 2014, the injured worker submitted an application for IMR for review of physical therapy two times per week for four weeks to the left shoulder and long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for eight weeks for the left shoulder and long finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

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

Decision rationale: This patient presents with chronic upper extremity pain, as well as numbness in the left hand. The current request is for PHYSICAL THERAPY TWICE A WEEK FOR EIGHT WEEKS FOR THE LEFT SHOULDER AND LONG FINGER. The 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."The medical file provided for review does not include physical therapy notes. Progress report dated 10/29/14, documents the patient's treatment history which includes physical therapy sessions from 2010 through 2012. The exact dates the treatment was rendered and the number of sessions completed is unknown. The Utilization review also documents that the patient most recently underwent 12 sessions which were approved on 9/4/14. In this case, the treating physician does not discuss why the patient would not be able to transition into a self directed home exercise program. There is no report of new injury, new surgery or new diagnosis that could substantiate the current. Furthermore, the requested additional 18 sessions exceeds what is allowed by the MTUS. The current request IS NOT medically necessary.