

Case Number:	CM15-0006562		
Date Assigned:	03/06/2015	Date of Injury:	11/05/2012
Decision Date:	04/14/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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 56 year old female, who sustained an industrial injury on 11/5/12. On 1/12/15, the injured worker submitted an application for IMR for review of eight sessions of physical therapy for the bilateral shoulders and wrists. The treating provider has reported the injured worker complained of right shoulder and bilateral wrist and hand. The diagnoses have included cervical discopathy, carpal tunnel/double crush syndrome; internal derangement bilateral shoulders. Treatment to date has included chiropractic care (x8); physical therapy (x26); EMG/NCS bilateral upper extremities (9/20/13); MRI cervical spine (2/1/14); MRI right and left wrist (2/8/15); right shoulder MRI (8/18/14); left shoulder MRI (8/23/14). On 12/22/14 Utilization Review non-certified eight sessions of physical therapy for the bilateral shoulders and wrists. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the bilateral shoulders and wrists: Upheld

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 (ODG) Shoulder, Physical therapy and Carpal Tunnel Syndrome, Physical medicine treatment.

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

Decision rationale: The patient presents with constant pain to the bilateral wrists/hands rated 6/10, pain in the cervical spine, which radiates into the upper extremities rated 7/10, and pain to the right shoulder rated 8/10. The patient's date of injury is 11/05/12. Patient is status post left carpal tunnel release at a date unspecified, sometime between progress notes dated 08/21/14 and 10/23/14 as the latter notes a healing surgical incision on the left wrist. Operative reports or discussion of the procedure were not included. The request is for eight sessions of physical therapy for the bilateral shoulders and wrists. The RFA was not provided. Physical examination dated 12/04/14 reveals a well healing surgical incision on the left hand with some associated swelling. Shoulder examination reveals tenderness around the glenohumeral region and subacromial space, positive Hawkin's and impingement signs, and reduced range of motion on internal rotation and forward flexion. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the left wrist dated 02/08/14, significant findings include: "3mm negative ulnar variance... cysts in carpal bones... fluid in the distal radioulnar joint... 5mm cyst in the region of the ulnar syloid recess... relative flattening of the median nerve at the level of the hook of hamate..." MRI of the left shoulder was also included, significant findings include: "Fluid in the shoulder joint consistent with effusion.. anterior and posterior capsulitis and strain... acromion is type II, it has concave surfaces... arthrosis of the acromioclavicular joint." Patient's current work status is not provided. MTUS Guidelines regarding post-surgical physical therapy for carpal tunnel syndrome allow for 3-8 visits over 3-5 weeks. The post-surgical time frame is 3 months. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regards to the request for 8 additional sessions of post-operative physical therapy for this patient's continuing post-surgical wrist pain and shoulder pain, the treater has exceeded guidelines. Records provided indicate that this patient has completed 26 sessions of physical therapy directed at her wrists and also received therapy directed at her shoulder complaints during at least some of these visits. For example, PT note dated 10/30/14 states: "PT rep of pain in bilateral shoulders with a level of 7/10, treated with therapy to ease pain..." Though it is unclear if this patient received consistent or intermittent shoulder therapy. The provided notes do document functional improvement attributed to physical therapy, though do not provide a reason as to why this patient is unable to transition to home based therapy. Given the excessive amount of physical therapy directed at the wrists, and unclear documentation as to how much physical therapy has been directed at shoulders to date, the requested 8 additional sessions cannot be medically substantiated. The request IS NOT medically necessary.