

Case Number:	CM15-0103448		
Date Assigned:	06/05/2015	Date of Injury:	08/10/2010
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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, Pain Management

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 52 year old female, who sustained an industrial injury on 08/10/2010. According to an orthopaedic re-examination on 04/27/2015, subjective complaints included neck pain, left shoulder pain, left wrist pain, right wrist pain, mid back pain, low back pain and left knee pain. She was currently not taking any medications. Diagnostic impression included cervicothoracic strain/mild arthrosis with resultant cephalgia, left shoulder strain/impingement syndrome with possible rotator cuff tear and/or intra-articular injury based on mechanism, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, lumbosacral strain/mild arthrosis and left knee patellofemoral syndrome. The injured worker had ongoing numbness and tingling and pain in the left upper extremity. In the past, the hand/upper extremity specialist had requested left carpal tunnel and cubital surgeries to be done at the same time. She did not wish to pursue surgery then. She had some complaints on the right but the left side was significantly problematic for her. She now wished to pursue surgery. The other main issue for her was left shoulder pain. She did not have any physical therapy for this. The treatment plan included physical therapy and a request for authorization for the injured worker to see the hand/upper extremity specialist. Currently under review is the request for physical therapy 12 sessions to the left shoulder and referral back to the hand/upper extremity specialist for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 session to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Preface and Shoulder Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy (6 sessions). If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that a trial of physical therapy would be appropriate, as was recommended by the utilization reviewer as a trial of 6 sessions. However, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Referral back to hand/upper extremity specialist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for specialist evaluation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that an evaluation would be appropriate, as was recommended by the utilization reviewer. However, an open-ended request for treatment is not supported and, unfortunately, there is no provision for modification of the current request to allow for an evaluation only. In light of the above issues, the currently requested consultation is not medically necessary.