

Case Number:	CM15-0106093		
Date Assigned:	06/10/2015	Date of Injury:	09/18/2014
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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 38 year old female who sustained an industrial injury on 09/18/2014. There was no mechanism of injury documented. The injured worker was diagnosed with left shoulder impingement, cervical spine disc protrusion and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic testing with magnetic resonance imaging (MRI) of the left shoulder in October 2014, cervical spine magnetic resonance imaging (MRI) in March 2015, electrodiagnostic studies of the bilateral upper extremities on March 19, 2015, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on April 28, 2015, the injured worker reports slight improvement. The injured worker continues to experience neck pain radiating to the left shoulder and left wrist pain. The injured worker rates her neck pain at 5/10, shoulder pain at 6-7/10 and wrist pain at 5-6/10. Examination of the cervical spine demonstrated decreased range of motion with tenderness to palpation of the trapezius musculature. The left shoulder revealed decreased range of motion with positive drop arm test, Neer's impingement and Hawkin's-Kennedy impingement tests. The left wrist examination demonstrated tenderness along the dorsum and volar aspect with positive Tinel's, Phalen's and Durkan's median compression tests. Current medication is noted as Ibuprofen. Treatment plan consists of continuing with Ibuprofen, urine drug screening, and the current request for physical therapy 2x6 for the left hand/wrist, left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left hand/wrist, left shoulder and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2x6 for the left hand/wrist, left shoulder and cervical spine is not medically necessary and appropriate.