

Case Number:	CM15-0106464		
Date Assigned:	06/10/2015	Date of Injury:	04/02/2014
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 45 year old male with an industrial injury dated 04/02/2014 while he was doing prolonged key boarding, lifting heavy and light objects. He was initially seen on 04/23/2014 for bilateral upper extremity pain and numbness. His diagnoses included numbness of skin, left shoulder muscle strain, right shoulder muscle strain, left wrist muscle strain and right wrist muscle strain. Co-morbid diagnosis is diabetes. Prior treatment included referral to an orthopedist, medication, therapy and light duty, ergonomic modification of his work station and home exercises. He presents on 05/15/2015 with complaints of bilateral wrist and shoulder pain with numbness in the hand. Physical exam of the shoulder revealed normal posture with full range of motion and no tenderness. Motor strength was normal in bilateral upper limbs. Special tests (Empty can, Hawkins's and Neer's) were negative. There was full range of motion of the wrist and hand with no swelling or bruising noted. There was tenderness of bilateral dorsal wrist and volar wrist. Treatment plan included Ibuprofen, increased work restrictions, request ergonomic evaluation workstation, request physical therapy and occupational therapy, wrist and thumb splint, Diclofenac Sodium gel, laboratory (thyroid stimulating hormone and blood sugar) and modified work status. This request is for occupational therapy 2 times a week times 3 weeks for bilateral wrists and physical therapy times 2 a week times 3 weeks for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 2 a week x 3 weeks for bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the bilateral shoulders is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are left shoulder muscle strain; right shoulder muscle strain; and left and right wrist muscle strain. The date of injury was April 2, 2014. Utilization review states the injured worker received 12 physical therapy sessions to the shoulders. A May 15, 2015 progress note shall be aid worker had only just motion of the shoulders with negative provocative testing and 5/5 strength in the bilateral upper limbs. There are no compelling clinical facts documented in the medical records indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted and clinical deficits signaling additional physical therapy is warranted, physical therapy two times per week times three weeks to the bilateral shoulders is not medically necessary.

Occupational therapy 2 x a week x 3 weeks for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times three weeks to the bilateral wrists is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are left shoulder muscle strain; right shoulder muscle strain; and left and right wrist muscle strain. The date of injury was April 2, 2014. The documentation does not indicate the number of prior physical therapy sessions to the wrist, the last date of physical therapy and

whether there was objective functional improvement. Objectively, according to a May 15, 2015 progress notes, receipts emanation shows no swelling or redness. Range of motion was fully complete. There was an equivocal Phalen's test bilaterally. There were no compelling clinical facts indicating additional physical therapy (over and above the recommended guidelines) was clinically indicated. There was no objective functional improvement from prior physical therapy documented in the medical record. Consequently, absent clinical documentation with objective functional improvement from physical therapy previously rendered and compelling clinical facts indicating additional physical therapy over the recommended guideline amount, occupational therapy two times per week times three weeks to the bilateral wrists is not medically necessary.