

Case Number:	CM15-0136400		
Date Assigned:	07/24/2015	Date of Injury:	10/07/2013
Decision Date:	08/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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 48-year-old female, who sustained an industrial injury on 10/7/13. The injured worker was diagnosed as having cervical spondylosis without myelopathy, carpal tunnel syndrome, and shoulder impingement. Treatment to date has included physical therapy, occupational therapy, and medication. Physical examination findings on 6/22/15 included limited cervical rotation with guarding and bilateral shoulder pain with abduction and external rotation. Currently, the injured worker complains of bilateral wrist pain, neck pain, and bilateral shoulder pain. The treating physician requested authorization for physical therapy 2x6 for the neck and bilateral upper extremities and Cortisone injections for bilateral carpal tunnels and bilateral shoulders utilizing fluoroscopy and ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for neck and bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a cumulative trauma injury with date of injury in October 2013. He was seen for an ortho evaluation on 06/22/15. When seen, electrodiagnostic testing had shown findings of moderate carpal tunnel syndrome. An MRI scan of the right shoulder included findings of rotator cuff tendinopathy. Physical examination findings included limited cervical rotation with guarding. There was pain with shoulder abduction and external rotation. There was hand and wrist tenderness with positive Tinel's and Phalen's testing. Grip strength was decreased. The claimant's BMI is nearly 46. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Cortisone injection bilateral carpal tunnels and bilateral shoulders utilizing fluoroscopy and ultrasound: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Carpal Tunnel Syndrome (Acute & Chronic) Injections (2) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant has a history of a cumulative trauma injury with date of injury in October 2013. He was seen for an ortho evaluation on 06/22/15. When seen, electrodiagnostic testing had shown findings of moderate carpal tunnel syndrome. An MRI scan of the right shoulder included findings of rotator cuff tendinopathy. Physical examination findings included limited cervical rotation with guarding. There was pain with shoulder abduction and external rotation. There was hand and wrist tenderness with positive Tinel's and Phalen's testing. Grip strength was decreased. The claimant's BMI is nearly 46. A single carpal tunnel injection is an option in conservative treatment. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. Complications include possible nerve injury. The requested injections with ultrasound guidance are medically necessary. In terms of the shoulder, a steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Imaging findings support the injection being requested and physical examination findings include pain with shoulder abduction and external rotation. Although shoulder injections are generally performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy and in this case, the claimant is morbidly obese. The requested injections with ultrasound guidance are medically necessary.