

Case Number:	CM15-0144064		
Date Assigned:	08/06/2015	Date of Injury:	10/18/2014
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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 74 year old female, who sustained an industrial injury on 12-15-2010 and 10-18-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having status post left shoulder fracture, left shoulder capsulitis and decreased range of motion, left acromioclavicular joint internal derangement, axillary nerve injury, left carpal tunnel syndrome and left wrist arthritis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, injections, closed reduction and medication management. In a physical therapy note dated 7-8-2015 and a progress note dated 7-9-2015, the injured worker complains of left upper extremity pain rated 8 out of 10 and difficulty sleeping at night. Physical examination showed left shoulder and wrist pain. The treating physician is requesting 8 sessions of physical therapy for the left shoulder and 8 sessions of physical therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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 is being treated for left shoulder and wrist pain and has a history of two work injuries occurring in December 2010 and October 2014. As of 03/24/15, she had completed 24 physical therapy treatment sessions. When seen in physical therapy on 07/08/15, she was having constant left upper extremity pain. Pain was rated at 8/10. There was left acromioclavicular joint tenderness with positive impingement testing. When seen by the requesting provider, there had been limited impact on her left shoulder with 6 physical therapy treatments. Diagnoses also include carpal tunnel syndrome. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without significant benefit. 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, there appears to have been no benefit from 6 therapy treatments for the shoulder. Additional therapy for the shoulder is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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.(3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant is being treated for left shoulder and wrist pain and has a history of two work injuries occurring in December 2010 and October 2014. As of 03/24/15, she had completed 24 physical therapy treatment sessions. When seen in physical therapy on 07/08/15, she was having constant left upper extremity pain. Pain was rated at 8/10. There was left acromioclavicular joint tenderness with positive impingement testing. When seen by the requesting provider, there had been limited impact on her left shoulder with 6 physical therapy treatments. Diagnoses include carpal tunnel syndrome. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend up to 3 visits over 3-5 weeks when being managed medically. Benefits need to be documented after the first week. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and not medically necessary.