

Case Number:	CM15-0147065		
Date Assigned:	08/10/2015	Date of Injury:	06/01/2010
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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 54-year-old female who sustained an industrial injury on 6-1-10. Treatments include: medication, physical therapy, H wave, hot cold contrast unit, wrist brace and surgery. Progress report dated 6-10-15 reports continued complaints of bilateral shoulder, bilateral forearms, cervical spine, lumbar spine bilateral wrists and bilateral hand pain. The pain increases with prolonged sitting, standing and walking. The pain is made better with medication, rest and physical therapy. Her right thumb feels better after ultrasound injection to the base of her right thumb. She also has complaints of insomnia. Diagnoses include: status post right shoulder scope subacromial decompression cuff repair on 5-1-12, right shoulder rotator cuff full thickness tear, status post arthroscopic surgery with rotator cuff repair on 1-23-13, tendinitis right elbow, cervical spine strain and sprain, herniated cervical disc, left shoulder strain and sprain, left hand carpal tunnel syndrome, anxiety and depression, insomnia and triggering of right thumb and right third finger. Plan of care includes: request MRI of left shoulder and MRI of left wrist, continue physical therapy, continue occupational physical therapy to the right hand by hand specialist 2 times per week for 6 weeks, refill medications. Work status: remain off work until 7-22-15. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2xWk x 6 Wks for the Right Hand: 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), Forearm, Wrist & Hand (Acute & Chronic), Physical/Occupational therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand 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. 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, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, 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.