

Case Number:	CM15-0168675		
Date Assigned:	09/09/2015	Date of Injury:	03/05/1998
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 03-05-1998. He has reported injury to the right shoulder and bilateral wrists and hands. The diagnoses have included history of right shoulder chronic pain, status post 4 shoulder arthroscopic and open procedures; status post right carpal tunnel release; status post left carpal tunnel release; left cubital tunnel ulnar neuropathy; right ulnar neuropathy; and status post right triceps reconstruction. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Remeron, Cyclo-benzaprine, Protonix, and Ambien. A progress report from the treating physician, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported pain in the right shoulder; increasing pain with raising the right arm; grinding and popping noises of the right shoulder; worsening pain in the right shoulder after use; hardness of the left wrist lump and palm; numbness of the left hand; loss of strength and gripping of the left hand; pain in the left wrist; and tapping of the lump on the left wrist creates shooting pain to the fingers. Objective findings included soft tissue fullness-bulging of the tissues volar aspect distal forearm, status post carpal tunnel release left side; positive Tinel sign left carpal tunnel; and positive median nerve compression test left carpal tunnel. The treatment plan has included the request for physical therapy, 2 times a week for 4 weeks, right forearm.

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, right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Work Activities, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, physical therapy may be provided between 3-8 sessions with a fading frequency, Additional therapy should be completed in a self directed fashion. In this case, the claimant's surgeries were months to years ago. The claimant had undergone numerous sessions of occupational therapy. The request for additional 8 sessions of physical therapy is not medically necessary.