

Case Number:	CM15-0184039		
Date Assigned:	09/25/2015	Date of Injury:	04/20/2013
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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: New Jersey

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 60 year old female, who sustained an industrial injury on 04-20-2013. She has reported subsequent right shoulder and wrist pain and was diagnosed with right shoulder status post rotator cuff repair on 08-29-2013, mild acromioclavicular osteoarthropathy of the right shoulder, rule out brachial plexus neuropathy-early sympathetically maintained pain syndrome right upper extremity, bilateral carpal tunnel syndrome, calcified tendinitis of the right shoulder supraspinatus and infraspinatus and impending adhesive capsulitis of the right shoulder. The physician indicated that electrodiagnostic testing on 02-27-2015 showed bilateral carpal tunnel syndrome. Work status was documented as temporarily partially disabled. Treatment to date has included pain medication, physical therapy, home exercise program and application of ice which were noted to have failed to significantly relieve the pain. Physician documentation notes that right shoulder condition was refractory to physical therapy. The number of previous physical therapy sessions received, the dates of the sessions and the body parts to which they were administered was not documented. There was no documentation of significant pain reduction or objective functional improvement with prior physical therapy. In a progress note dated 08-06-2015, the injured worker reported 8 out of 10 worsening right shoulder pain with a decrease in range of motion and strength and 7 out of 10 right wrist and hand pain. Objective examination findings showed tenderness of the right shoulder, decreased range of motion of the right shoulder, atrophy of the right deltoid musculature, swelling and crepitation as well as spasm of the right cervical trapezius-deltoid tie-in. There were no objective findings of the right wrist and hand documented. The physician noted that 3 visits of shockwave

therapy for the right shoulder were approved and that physical therapy for the right wrist and hand was being requested. A request for authorization of physical therapy, right wrist and hand, 12 sessions was submitted. As per the utilization review on 08-27-2015, the request for physical therapy, right wrist and hand, 12 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Wrist/ Hand, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the wrist/hand is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain and less for neuropathic-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, it appears that during physical therapy for her right shoulder, she began to complain of right wrist and hand pain with numbness and tingling, followed by positive nerve testing findings suggestive of carpal tunnel syndrome. However, this testing was performed months prior to this request and there was no report found of any wrist/hand physical therapy ordered or performed up to this point. If this is a first time request for this body area then some formal physical therapy might be indicated, although this needs to be clarified in the request and notes since it has been many months since the injury. Regardless, however, Guidelines state that only up to 9 or so sessions would be justified in this case, and not the 12 that was requested. Therefore, this request as written will be considered medically unnecessary at this time. However, home exercises would still be warranted and should be implemented either way and therefore is not medically necessary.