

Case Number:	CM15-0207382		
Date Assigned:	10/26/2015	Date of Injury:	12/14/2010
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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 50 year old female, who sustained an industrial injury on 12-14-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for chronic regional pain syndrome, limited range of motion and contractures to right shoulder, and overuse syndrome to left shoulder. Treatment and diagnostics to date has included cervical blocks and physical therapy. No physical therapy reports noted in received medical records. Subjective data (06-24-2015 and 08-19-2015), included right hand and left shoulder symptoms. Objective findings (08-19-2015) included tenderness over the anterior glenohumeral joint and anterior acromion on the right with decreased range of motion and hypersensitivity to fingers with "markedly limited" proximal interphalangeal digits. The Utilization Review with a decision date of 09-21-2015 modified the request for physical therapy 2x6 for shoulder and occupational therapy 2x6 for hand to 2 visits each.

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 6 weeks, shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy is recommended up to 10 sessions after which additional therapy is to be completed in a home based program. In this case, therapy has been requested for a year. The amount requested totals over 24 sessions but the amount completed and response is unknown. There is no indication that additional therapy cannot be completed at home. As a result, the request for additional therapy for the shoulder is not medically necessary.

Occupational therapy 2 times a week for 6 week, hand: Upheld

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

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

Decision rationale: According to the guidelines, therapy is recommended up to 10 sessions after which additional therapy is to be completed in a home based program. In this case, therapy has been requested for a year. The amount requested totals over 24 sessions but the amount completed and response is unknown. There is no indication that additional therapy cannot be completed at home. As a result, the request for additional occupational therapy for the hand is not medically necessary.