

Case Number:	CM15-0208365		
Date Assigned:	10/27/2015	Date of Injury:	10/29/2012
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 49 year old male, who sustained an industrial injury on October 29, 2012. The injured worker was diagnosed as having impingement of the shoulder region, carpal tunnel syndrome, and tenosynovitis. Treatment and diagnostic studies to date has included electromyogram with nerve conduction study, at least 18 sessions of acupuncture, at least 6 to 10 sessions of post-operative physical therapy, status post bilateral carpal tunnel surgery in 2008 and in 2013, status post cortisone injections, hand physical therapy with the quantity unknown, medication regimen, and use of an H-wave machine. In a progress note dated September 08, 2015 the treating physician reports complaints of "near complete loss of usage of his right hand", along with complaints of pain to the right hand, neck, and the right shoulder. Examination performed on September 08, 2015 was revealing for decreased sensation to the palmar region of the first, third, and fourth digits, muscle spasm to the upper trapezius muscles on the right side, decreased strength to the right shoulder flexor muscles, abductors muscles, and the right grip strength, positive Hawking Kennedy testing on the right, and positive Tinel's testing to the bilateral hands and wrists. The progress note on September 08, 2015 did not include the injured worker's numeric pain level as rated on a visual analog scale. The progress note from September 08, 2015 indicated at least 6 to 10 post-operative physical therapy sessions and hand physical therapy of an unknown quantity, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to physical therapy and after physical therapy to indicate the effects of the prior physical therapy. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily

living with prior physical therapy. On September 08, 2015, the treating physician requested 6 sessions of physical therapy to the right shoulder noting that the injured worker is suffering from shoulder impingement syndrome. On October 09, 2015, the Utilization Review determined the request for 6 sessions of physical therapy to the right shoulder to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of PT for Right Shoulder: Overturned

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, 8-10 sessions of physical therapy are appropriate for musculoskeletal complaints. In this case, the claimant has impingement of the shoulder. There is joint tenderness in the wrists as well as the right shoulder. The prior therapy completed was for the hand. The request for 6 visits of therapy is medically necessary and appropriate.