

Case Number:	CM15-0029869		
Date Assigned:	02/23/2015	Date of Injury:	02/13/2014
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 61 year old female, who sustained an industrial injury on 2/13/14. She has reported back, neck, shoulder and hand pain. . The diagnoses have included shoulder impingement, carpal tunnel syndrome, De Quervain lumbar radiculopathy, internal derangement of the knee and acquired trigger finger. Treatment to date has included medications, physical therapy, and conservative measures. Currently, as noted in the physician note dated 1/22/15, the injured worker complains of left shoulder and bilateral hand pain which has not improved since last exam. She states that physical therapy has helped improve her symptoms in the past. The medications allow her to function and perform her activities of daily living (ADL's). The current medications included Omeprazole, Orphenadrine, Tramadol and Tylenol. Physical exam revealed limited range of motion in the left shoulders and positive impingement sign right and left shoulders. The wrists revealed tenderness to pressure over the right first dorsal compartment. The sensation was reduced in the bilateral median nerve dermatomal distribution, positive Tinel's sign right and left wrist and triggering of the fourth finger was noted. The lumbar region revealed spasm, tenderness and reduced sensation. There was positive straight leg raise test right and left side. The knee exam revealed tenderness to pressure and positive McMurray's test. The plan was for continued medications and physical therapy. There was no therapy sessions noted. Work status was temporary total disability. On 2/2/15 Utilization Review non-certified a request for Physical therapy for left shoulder and bilateral hands 2 times a week for 3 weeks, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Physical Medicine pages 98-99

and non-(MTUS) Medical Treatment Utilization Schedule Official Disability Guidelines, Physical Medicine were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left shoulder and bilateral hands 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left shoulder and bilateral hand pain. The right shoulder hurts too due to over compensating. The current request is for PHYSICAL THERAPY FOR LEFT SHOULDER AND BILATERAL HANDS 2X3. Request for Authorization RFA is dated 1/22/15. The /MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up t/o 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review states that the patient was authorized 12 PT sessions on 9/29/14. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the patient has participated in 12 physical therapy in the recent past and should be well versed in the exercises and should now transition into a self-directed home exercise program. The request IS NOT medically necessary.