

Case Number:	CM15-0220206		
Date Assigned:	11/13/2015	Date of Injury:	04/10/2015
Decision Date:	12/28/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: Preventive Medicine, Occupational Medicine

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 left hand dominant female, who sustained an industrial injury on 4-10-2015. Per progress note dated 4-24-2015, she complains of pain in her right, greater than her left shoulder when using her arms, numbness in fingertip and they turn white, worst in the index finger. She also states pain in her left groin when she stands for too long. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and repetitive strain injury. Treatment to date has included medications, physical therapy, X-rays and EMG. Per the progress notes, dated 6-8-2015, the IW notes gradual onset of bilateral shoulder, neck and low back, left hip, right thumb pain and numbness and tingling in the bilateral upper extremities. Exam reveals spasm and guarding at the base of the cervical spine, extending to the bilateral cervicobrachial region. Both shoulders show abduction and flexion past 160 degrees, external rotation full at 90 degrees, but internal rotation limited to around 60 degrees bilaterally with positive impingement signs with internal rotation. There is a positive Tinel sign over the carpal tunnels bilaterally, worse on the right than the left. There is pain with loading of the CMC joint, negative over the IP or MP joints in the thumbs bilaterally. There is minimal medial epicondylar tenderness. On 10-12-2015, the progress note indicates the IW reported continued neck, shoulder and upper extremity pain. The patient completed 12 sessions of physical therapy for the hand, neck and shoulders. There was some improvement with the ability to type for longer at work and feeling less pain. Prior to PT, pain was 8-9 out of 10 on the pain scale and after PT her pain is a 6-7 out of 10. Exam unchanged. Treatment is medication, physical therapy and wrist brace. The UR decision, dated 10-29-2015 denied 6 sessions of Physical Therapy for the hand, neck and

shoulders. The request for authorization, dated 11-4-2015 is for 6 sessions of Physical Therapy for the hand, neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of physical therapy for hand, neck and shoulders: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 12 physical therapy sessions and should be able to transition to a home-base, self-directed exercise program. The request for 6 Sessions of physical therapy for hand, neck and shoulders is determined to not be medically necessary.