

Case Number:	CM15-0222442		
Date Assigned:	11/18/2015	Date of Injury:	09/26/2014
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina
 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 54 year old male with an industrial injury dated 09-26-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder tendinitis, status post endoscopic carpal tunnel release of right wrist (10-06-2015), bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral elbow tendinitis, bilateral shoulder sprain, left worse than right, chronic bilateral C6 radiculopathy, left knee medial meniscus tear, moderate lumbar disc herniation at L5-S1, right wrist De Quervain's tenosynovitis, sever bilateral neuroforaminal narrowing at C5-6, small disc herniations at C3-7, right hip sprain and lumbosacral sprain. According to the progress note dated 10-15-2015, the injured worker presented status post right endoscopic carpal tunnel release on 10-06-2015. The injured worker reported slow improvement of numbness and tingling of his right hand and wrist. The injured worker also reported continued left shoulder and right knee pain. The injured worker reported that the pain in his left shoulder is worse due to increased use following carpal tunnel release of the right wrist. Pain level was 4 out of 10 on a visual analog scale (VAS). Objective findings (10-15-2015) revealed decreased flexion and tenderness to palpitation of the right knee, decreased shoulder range of motion and mild tenderness in the right wrist. Shoulder Magnetic Resonance Imaging (MRI) of right knee report on 10-12-2015 was unremarkable with no significant findings. Magnetic Resonance Imaging (MRI) of the left shoulder report on 10-05-2015 revealed small partial thickness tear on bursal aspect of the most anterior portion of the supraspinatus tendon. Treatment has included diagnostic studies, prescribed medications, prior physical therapy for neck and back, unknown physical therapy sessions for knee and periodic

follow up visits. The injured worker remains off of work. The utilization review dated 11-04-2015, modified the request for physical therapy 2 sessions for a partial tear of the left shoulder (original: 6 sessions), physical therapy 2 sessions for the right knee (original: 6 sessions), and post-operative physical therapy 4 sessions for the right wrist (original: 12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions for a partial tear of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.

Physical therapy 6 sessions for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.

Post-operative physical therapy 12 sessions for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.