

Case Number:	CM15-0034985		
Date Assigned:	03/03/2015	Date of Injury:	03/18/2008
Decision Date:	07/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46-year-old male who sustained an industrial injury on 03/18/2008. Mechanism of injury occurred when the tip of his right index finger was caught in a machine and severed the tip. He then began to notice pain in his neck, shoulders, elbows and upper back and attributed the symptoms to the constant and repetitive nature of his job. Diagnosis includes history of crush injury of the right index finger, post injury fingertip hypersensitivity, post injury carpal tunnel syndrome with compensatory left carpal tunnel syndrome, status post right carpal tunnel compression on 12/15/2008, and status post left carpal tunnel decompression on 05/26/2009. Treatment to date has included diagnostic studies, surgery and medications. His medications include Ibuprofen, Ambien and Terazosin. A physician progress note dated 01/26/2015 documents the injured worker complains of increased numbness and tingling in both hands. He has some tenderness noted over the palmar surface of both wrists with a positive Tinel sign. There is tenderness over both cubital tunnels with a positive compression test. He developed carpal tunnel syndrome representing a combination of underlying cumulative trauma superimposed on the specific injury in the right upper extremity with compensatory overuse of the left upper extremity, which "lit up" a sub-clinical carpal tunnel syndrome. Overtime he has developed recurrent tingling and numbness in his fingers. He continues to work and does reports some improved work capacity on anti-inflammatory medications. The treatment plan includes dispensing Voltaren XR, Protonix, and post-operative electrodiagnostic evaluation extension, and follow up visit in about three weeks. Treatment requested is for 6 physical therapy for the left shoulder, 2 times per week for 3 weeks as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy for The Left Shoulder, 2 Times Per Week for 3 Weeks As Outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 6 Physical Therapy for The Left Shoulder, 2 Times Per Week for 3 Weeks As Outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition with a transition to a home exercise program. The documentation is unclear exactly how many sessions of prior shoulder PT this patient has had and the outcome therefore this request is not medically necessary.