

Case Number:	CM15-0037031		
Date Assigned:	03/05/2015	Date of Injury:	10/29/2013
Decision Date:	04/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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 60 year old female, who sustained an industrial injury on 10/29/13. She has reported neck, right shoulder and hand injury working as an assembler patting screws. The diagnoses have included tenosynovitis of hand wrist, bicipital tenosynovitis, affections of the shoulder and medial epicondylitis. Treatment to date has included diagnostics, medications, bracing and physical therapy. Currently, as per the physician progress note dated 1/5/15 the injured worker complains of right wrist, elbow and shoulder pain aggravated by activity and repetitive movements. She states that the right arm gets numb especially the hands and fingers in the evening. Physical exam of the shoulder revealed positive impingement sign and positive cross arm test. There was tenderness over the paracervical muscle with decreased range of motion noted. There was tenderness over the right lateral epicondyle and origin of the extensor carpiradialis brevis, increased with resisted supination or passive pronation of the forearm. She has diffuse right hand pain over the third metacarpal. The x-ray of the right shoulder revealed degenerative change of the acromioclavicular joint. The x-rays of the right hand and wrist were normal. Work status was temporary partially disabled. On 1/28/15, Utilization Review non-certified a request for additional physical therapy 3 times a week for x4 weeks for the right shoulder, right hand, noting the (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x4 for the right shoulder, right hand: Upheld

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

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

Decision rationale: The patient presents with right shoulder, right elbow pain, and right wrist pain and numbness resulting from an injury on 10/29/13. Patient's pain scale for right elbow and wrist is rated 6/10, with 10 being the worst. Right shoulder pain scale is 5/10, representing a decrease from 6/10. Patient's diagnosis per RFA of 10/09/14 includes cervical musculoligamentous strain/sprain w/radiculitis, rt shoulder strain/sprain, rt shoulder tendinosis, rt elbow strain/sprain, rt elbow lateral epicondylitis, rt wrist strain/sprain, and rt wrist chronic overuse syndrome. The patient has had extensive physical, which included 26 sessions of injury-specific PT, and 9 additional PT sessions specific to rt shoulder, hand and wrist as indicated in the progress reports. The patient has also received 2 MRI's, 2 cortisone injections to the rt shoulder, and extracorporeal shockwave therapy for rt elbow, along with receiving a sleeve and brace for patient's elbow and wrist, respectively. Based on PR of 03/05/15, patient is not presently working and TD for 30 days. 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 to 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." The patient has cited improvement from treatment stating a decrease in pain, tenderness and spasm from PT, 30% increased endurance and function of daily living activities, along with improvement of rt shoulder. Further, the request for additional PT sessions exceeds what is allowed by MTUS for this patient's condition. Therefore this request is NOT medically necessary.