

Case Number:	CM15-0043037		
Date Assigned:	03/13/2015	Date of Injury:	08/09/2014
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana

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:

This 68 year old female sustained an industrial injury right shoulder, right thumb and neck on 8/9/14. The injured worker was diagnosed with right shoulder sprain/strain, right wrist sprain/strain, right finger sprain/strain, right bicipital tendonitis and right wrist tenosynovitis. Previous treatment included medications, x-rays, electromyography/nerve conduction velocity test bilateral upper extremities and physical therapy. In a PR-2 dated 1/7/15, the injured worker complained of pain to the right shoulder with radiation into the neck, right arm and hand associated with numbness, tingling and weakness, pain to the right wrist and pain to the right thumb with swelling. The injured worker rated her pain 7/10 on the visual analog scale. The injured worker had attended six sessions of physical therapy. The injured worker reported no improvement with physical therapy. Current diagnoses included right shoulder bursitis and impingement, right carpal tunnel syndrome and Dupuytren's contracture of right fifth digit. The treatment plan included weight bearing as tolerated, ice therapy, Naproxen Sodium twice a day, home exercises, activity modification as needed, magnetic resonance imaging right shoulder, hand sub-specialist consultation and physical therapy twice a week for four weeks for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Prior physical therapy was done and the employee reported no improvement. It is unclear how additional sessions of PT will improve functional outcomes or integrate with the home exercise program. Therefore, the request is not medically necessary.