

Case Number:	CM15-0045280		
Date Assigned:	03/17/2015	Date of Injury:	03/06/2014
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 member is a 58 year-old female with a history of a work injury occurring on 03/06/14 with a repetitive motion injury to the shoulders and wrists. She is being treated for bilateral shoulder tendinitis and wrist sprains. An MRI of the right shoulder included findings of a rotator cuff tear. The claimant is more than one-year status post work-related injury, continues, and continues to be treated for bilateral shoulder pain and bilateral hand weakness and numbness. Treatments have included a course of physical therapy beginning in September 2014. When seen by the requesting provider, there was bilateral shoulder tenderness with decreased range of motion and positive impingement testing and Tinel testing was positive bilaterally. Physical therapy 3 times per week for 4 weeks was requested for the shoulders and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: In this case, the claimant has already had physical therapy without apparent benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In terms of carpal tunnel syndrome, guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested for both conditions is in excess of the guideline recommendation and therefore not medically necessary.