

Case Number:	CM15-0059350		
Date Assigned:	04/06/2015	Date of Injury:	10/02/2014
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 67-year-old female, who sustained an industrial injury on October 2, 2014. She has reported right shoulder pain and right hand pain. Diagnoses have included lacerations of the right hand and arm, contusion to the dorsal sensory branches of the radial and ulnar nerves, neck spasms, upper back spasms, shoulder spasms, and rotator cuff tendonitis. Treatment to date has included therapy, cortisone injections, wrist splinting, and imaging studies. A progress note dated February 23, 2015 indicates a chief complaint of right shoulder pain and pain and swelling of the right hand. The treating physician documented a plan of care that included continuation of therapy. On a progress report dated 3/30/15, the physician notes that per the carrier, the injured worker has completed only 10 out of authorized 24 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue therapy 2x6 right shoulder and right hand: Upheld

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

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker is noted to have additional physical treatments remaining from prior authorized treatments. The request for additional therapy would not be supported as the injured worker has not completed the remaining sessions of authorized therapy. The request for continue therapy 2x6 right shoulder and right hand is not medically necessary and appropriate.