

Case Number:	CM15-0059853		
Date Assigned:	04/06/2015	Date of Injury:	01/03/2014
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 39 year old female, who sustained an industrial injury on January 3, 2014. The injured worker reported neck pain, right shoulder pain and right hand numbness. The diagnoses have included right shoulder partial rotator cuff tear, chronic cervical strain, bilateral upper extremity overuse syndrome rule out carpal tunnel syndrome or peripheral nerve entrapment, right hand sprain/strain and right shoulder severe recalcitrant impingement. Treatment to date has included medications, electrodiagnostic studies, physical therapy, chiropractic care and acupuncture therapy. Current documentation dated October 2, 2014 notes that the injured worker reported intermittent severe shoulder pain and right wrist pain. The injured workers right shoulder and right wrist pain were noted to radiate with associated numbness and tingling. Physical examination of the right shoulder revealed tenderness and spasms of the right trapezius muscles and a full range of motion. Examination of the right wrist revealed tenderness to palpation and a full range of motion. Phalen's test was noted to be positive on the right. The treating physician's plan of care included a request for physical therapy to the right wrist # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right wrist at 2 times a week for 4 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right wrist two times per week times four weeks is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are right shoulder partial rotator cuff tear; chronic cervical strain, rule out disc herniation; and bilateral upper extremity overuse syndrome rule out carpal tunnel syndrome or peripheral nerve involvement. The request for authorization is dated March 13, 2015. The most recent progress note in the medical record is dated December 8, 2014. This progress note, however, is a review of records. The utilization review references multiple peer reviews and the injured worker received 23 physical therapy sessions to the shoulder and 8 physical therapy sessions to the neck. Subjectively, according to the September 14, 2014 progress note, the injured worker has complaints of bilateral wrist and bilateral hand pain. There is numbness and weakness. She continues to have radiation of pain from the neck to the bilateral arms. Objectively, there is decreased range of motion with decreased grip strength 4/5 the bilateral wrists. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested a sessions of physical therapy to the right wrist. This request is in excess of the recommended guidelines for six visits. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for a six visit clinical trial, physical therapy right wrist two times per week times four weeks is not medically necessary.