

Case Number:	CM15-0082008		
Date Assigned:	05/04/2015	Date of Injury:	06/26/2012
Decision Date:	06/03/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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 injured worker is 36-year-old female, who sustained an industrial injury on June 26, 2012. The injured worker has been treated for neck, bilateral shoulder, left elbow, bilateral wrist and bilateral hand complaints. The diagnoses have included cervical spine disc bulge, cervical spine left-sided radiculopathy, left shoulder rotator cuff tendinitis, left shoulder impingement syndrome, left hand carpal tunnel syndrome and ulnar entrapment at the left elbow. Treatment to date has included medications, radiological studies and physical therapy. Surgical intervention includes left shoulder surgery, left wrist surgery and left thumb and index finger trigger release surgery. Current documentation dated March 17, 2015 notes that the injured worker reported neck pain and spasms with radiation of the pain down the bilateral upper extremities to the hands and fingers. The injured worker also noted pain and stiffness of the left shoulder. The documentation notes that the injured worker had been receiving physical therapy and had shown improvement in her symptoms. Examination of the cervical spine revealed tenderness to palpation, spasms and a painful and decreased range of motion. Left shoulder examination revealed a mild effusion and a painful and decreased range of motion. Examination of the left wrist revealed tenderness, mild swelling and a positive Tinel's and Phalen's sign. The treating physician's plan of care included a request for physical therapy to the left wrist #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for radiating neck pain and left shoulder pain. The claimant has had received physical therapy treatments. As of 01/13/50, she had completed 21 treatment sessions since October 22, 2014. When seen, there was decreased cervical spine and left shoulder and wrist range of motion. Tinel's and Phalen's testing was positive. There was normal strength. Recommendations included repeat electrodiagnostic testing and medications were prescribed. Additional physical therapy was requested. 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 this case, the claimant has already had excessive physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.