

Case Number:	CM15-0085436		
Date Assigned:	05/08/2015	Date of Injury:	08/17/2010
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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 a 42 year old female who sustained an industrial injury on 8/17/2010. Her diagnoses, and/or impressions, are noted to include: cervical spine sprain/strain; cervical disc protrusion with an impinged nerve root; left shoulder sprain/strain; right elbow ulnar nerve cubital tunnel syndrome; right wrist sprain/strain with subluxation of the ulnar tendon, status post reconstruction surgery (3/29/11); and partial ankylosis of the right wrist. No current imaging studies are noted. Her treatments have included right wrist reconstruction surgery (3/29/11); electrodiagnostic studies of the upper extremities (12/30/11); orthopedic agreed medical examinations (1/16/12 & 6/19/13); acupuncture treatments; cervical epidural steroid injections with 50% relief x 1-4 months each; Cortisone injections, X 2, to the right shoulder ineffective; and medication management. The pain management progress notes of 3/17/2015 reported complaints of pain in the cervical region (40%), right > left, with radicular symptoms into the medial scapular region, and down the right arm (60%), associated with numbness/tingling. Also reported was right shoulder pain with impingement symptoms, aggravated by activity, and with radicular complaints that were difficult to distinguish from the impingement symptoms; as well as right wrist pain/numbness/tingling which radiated to the palm/fingers/thumb, that was with painful and limited range-of-motion. It was noted that worsening left shoulder and wrist complaints had developed over the years, secondary to favoring her right upper extremity, but was not as bad as on the right side. Objective findings of the right wrist are noted to include significant tenderness with limited range-of-motion at all planes. The physician's requests for treatments were noted to include physical therapy for the right wrist because her right hand and wrist were assessed to be very dysfunctional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six weeks for the right wrist: Upheld

Claims Administrator 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), Physical Therapy Guidelines and on the Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

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.

Decision rationale: The claimant sustained a work injury in August 2000 and continues to be treated for neck, bilateral shoulder, and bilateral wrist pain. She underwent right wrist extension carping ulnaris reconstructive surgery in March 2011. When seen, there was decreased cervical spine range of motion with decreased shoulder range of motion and strength. There was decreased upper extremity sensation. She had decreased wrist range of motion and tenderness. The assessment references having had extensive conservative treatment. A psychological evaluation was recommended. Additional testing was requested. Physical therapy for the cervical spine, right shoulder, and right wrist was requested. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant was having pain involving both shoulders and wrists. Therapy was requested for right-sided treatment only.