

Case Number:	CM15-0085919		
Date Assigned:	05/08/2015	Date of Injury:	11/05/2014
Decision Date:	06/09/2015	UR Denial Date:	04/30/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on 11/5/14 as she was knocking walnuts with a mallet resulting in left wrist injury. He had x-rays, which were negative; anti-inflammatories and wrist brace which were of no benefit. He currently complains of continued pain, swelling and discomfort of the left wrist extending to the left elbow, shoulder and neck with numbness and tingling of the left hand. On physical exam, there was tenderness with minimal swelling; positive Tinel's sign and Phalen's test left wrist. Medications are Anaprox, Ultracet. Diagnosis is left wrist/ forearm strain/ tendinitis; tear triangular fibrocartilage ligament, left wrist; left carpal tunnel syndrome, status post left carpal tunnel release (4/10/15); mild left shoulder impingement; diabetes. Treatments to date include wrist splint and physical therapy to the left wrist. Diagnostics include x-ray of the left wrist (11/10/14) showing mild soft tissue swelling; MRI left wrist (2/9/15) showing tenosynovitis; electromyography/ nerve conduction study on the left upper extremity (2/12/15) showed entrapment neuropathy, including carpal tunnel syndrome on the left. In the progress note, dated 4/20/15, the treating provider's plan of care includes a request for physical therapy three times a week for five weeks shoulder due to left shoulder impingement from the sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 physical therapy visits for the left shoulder, concurrent with hand therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 15 physical therapy visits for the left shoulder, concurrent with hand therapy is not medically necessary.