

<b>Case Number:</b>	CM15-0235071		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: Emergency 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 52-year-old female, who sustained an industrial injury on 10-21-2013. The injured worker was being treated for unspecified pain of the right upper limb, bilateral hand and finger degenerative joint disease, right brachial plexopathy related to hand and wrist surgery, and chronic regional pain syndrome. The injured worker (7-10-2015) reported diffuse right upper extremity pain and pain of the right side of neck, "like a nerve." The physical exam (7-10-2015) revealed dullness to light stroke of the right ring and small fingertips, benign operative sites, thumb base pain with finger abduction to resistance. The injured worker (8-3-2015) reported generalized right upper extremity pain with persistent tenderness in the right axilla. The physical exam (8-3-2015) revealed the steri-strips were still on and removed, the operative sites were healed and appeared benign, dullness to light stroke of the right thumb to small fingertips, hypersensitivity "shingles like" to light touch of the entire right upper extremity, and mild tenderness to palpation of the right thumb dorsal snuffbox and wrist crease. The injured worker (10-9-2015) reported ongoing right arm pain following right carpometacarpal joint arthroplasty. She reported a decreased activity level, but was otherwise non-specific. The physical exam (10-9-2015) revealed tenderness to palpation of the subdeltoid bursa of the right shoulder, tenderness to palpation over the bilateral thenar eminence, decreased sensation to light touch over the bilateral medial hands, hyperalgesia and allodynia of the right hand and wrist, and tenderness to palpation of the bilateral thumb carpometacarpal joint. Per the treating physician (8-3-2015 report), an MRI of the right shoulder (undated) showed rotator cuff tendinopathy. Surgeries to date have included a right thumb carpometacarpal joint arthroplasty with trapezium excision and

tendon interposition, endoscopic right carpal tunnel release, and a right thumb index intermetacarpal ligament reconstruction on 7-2-2015. Treatment has included a postoperative splint and cast, a thumb spica splint, off work, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (10-9-2015 report), the injured worker was prescribed modified work duty. On 10-26-2015, the requested treatments included 12 sessions (2 times a week for 6 weeks) of physical therapy for the right shoulder, for symptoms related to brachial plexopathy. On 11-2-2015, the original utilization review modified a request for 12 sessions (2 times a week for 6 weeks) of physical therapy for the right shoulder, for symptoms related to brachial plexopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 6 weeks for the right shoulder, as an outpatient for symptoms related to brachial plexopathy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested Physical therapy 2 times a week for 6 weeks for the right shoulder, as an outpatient for symptoms related to brachial plexopathy, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has ongoing right arm pain following right carpometacarpal joint arthroplasty. She reported a decreased activity level, but was otherwise non-specific. The physical exam (10-9-2015) revealed tenderness to palpation of the subdeltoid bursa of the right shoulder, tenderness to palpation over the bilateral thenar eminence, decreased sensation to light touch over the bilateral medial hands, hyperalgesia and allodynia of the right hand and wrist, and tenderness to palpation of the bilateral thumb carpometacarpal joint. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 times a week for 6 weeks for the right shoulder, as an outpatient for symptoms related to brachial plexopathy is not medically necessary.