

Case Number:	CM15-0243240		
Date Assigned:	12/22/2015	Date of Injury:	05/06/2013
Decision Date:	01/29/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/14/2015

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: New York, West Virginia, Pennsylvania
 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 48-year-old female, with a reported date of injury of 05-06-2013. The diagnoses include mild carpal tunnel syndrome, overuse syndrome of the right upper extremity, mild right shoulder impingement syndrome, status post surgical intervention for right impingement syndrome, and right shoulder degenerative joint disease. The progress report dated 09-24-2015 indicates that the injured worker underwent a steroid injection to the right wrist with approximately 60% decrease in symptoms. The physical examination showed no acute distress; no tenderness over the carpal bones on the right; symmetrical range of motion of the bilateral wrist; and decreased strength in the distal grip. It was noted that the injured worker remained temporarily totally disabled. The progress report dated 11-05-2015 indicates that the injured worker complained of right upper extremity pain. She had a cortisone injection under the flexor retinaculum on the right wrist for mild sensory carpal tunnel syndrome on 09-24-2015. It was noted that the injured provided approximately 60% improvement; however, the treatment had worn off, and pain had recurred within the right wrist with radiation to the right shoulder. It was noted that the physical examination was overall unchanged from the prior exam and the only body part includes the bilateral wrists with negative orthopedic tests. The injured worker's disability was referred to the qualified medical exam. The diagnostic studies to date have included a urine drug screen on 11-18-2014 with negative findings, and electrodiagnostic studies of the bilateral upper extremities on 11-07-2014, which showed mild right carpal tunnel syndrome. Treatments and evaluation to date have included right wrist injection and wrist brace. The treating physician requested physical therapy for the right shoulder, 2-3 times a week for 8-

12 weeks. On 11-19-2015, Utilization Review (UR) non-certified the request for physical therapy for the right shoulder, 2-3 times a week for 8-12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy 2-3 x 8-12 weeks: Upheld

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

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

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, there is only one clinical note, which does not include any exam of the right shoulder. A follow up visit documented that the patient's shoulder was doing well. The request for 2-3 x 8-12 week's physical therapy sessions to the right shoulder is not medically necessary and appropriate.