

Case Number:	CM14-0118504		
Date Assigned:	09/23/2014	Date of Injury:	08/08/2013
Decision Date:	10/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old female with 8/8/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/7/14, the patient complained of constant moderate to severe right wrist and hand pain that was aggravated by gripping. The patient reported numbness and tingling to the area. There were complaints of intermittent severe to moderate pain of the right shoulder that the patient described as aching and sore that was worse at the end of a workday. According to a request for authorization report dated 6/16/14, the patient has completed 19 sessions since the last request for physical medicine. Functional improvement since the last examination has been shown by increased range of motion for the right shoulder and right wrist. The goals for additional physical medicine are to increase the patient's activities of daily living, decrease work restrictions, decrease the need for medication, decrease the VAS (Visual Analog Scale) rating, decrease swelling, and increase measured active range of motion. Objective findings: +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles, Speeds test/supraspinatus test/Neers and Push Button test were positive on the right, +3 spasm and tenderness to the right anterior wrist and wrist flexor and extensor muscles, positive Tinel's and Phalen's on the right. Diagnostic impression: bursitis and tendinitis of the right shoulder, carpal tunnel syndrome, tendinitis/bursitis of the right hand/wrist. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/2/14 denied the request for PT (Physical Therapy) with modalities 3x2 weeks, right shoulder and right wrist/hand. The patient has completed a comprehensive course of supervised rehabilitation of 19 sessions and has improved. There are no documented barriers to continuation with an independent home exercise program at this time. Additional supervised rehabilitation is not supported in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy visits with Modalities for Right Shoulder and Right Wrist/Hand:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Page 99 ODG shoulder Chapter Forearm, Wrist and Hand Chapter; Preface

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches and Physical Medicine Page(s): 98-99,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter and Forearm, Wrist, and Hand Chapter, Physical Medicine

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the 6/16/14 report, the patient has completed 19 sessions of physical therapy with functional improvement. However, guidelines support up to 10 visits over 8 weeks for shoulder sprains and 9 visits over 8 weeks for sprains and strains of wrist and hand. An additional 6 sessions would exceed guideline recommendations. Excessive physical therapy can lead to treatment dependence. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for six (6) Physical Therapy visits with Modalities for Right Shoulder and Right Wrist/Hand is not medically necessary and appropriate.