

Case Number:	CM14-0094284		
Date Assigned:	07/25/2014	Date of Injury:	06/11/2012
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 60-year-old female who reported an injury on 06/11/2012. The injury reportedly occurred when the injured worker twisted her right hand to insert a part of a machine. The diagnoses included status post arthroscopy, right shoulder; left shoulder strain; right cervical strain with right upper extremity C7 cervical radiculitis; De Quervain's tenosynovitis, right wrist; sleep disturbances due to pain; degenerative disc disease C5-6 with cervical spondylosis; and status post right carpal tunnel release. The previous treatments included medication. Diagnostic testing included an MRI and x-rays. Within the clinical note dated 07/10/2014, it was reported the injured worker complained of right shoulder pain. She rated her pain 6/10 to 10/10 in severity. The injured worker described the pain as severe. She noted the pain radiated to her neck, elbow, arm, and fingers. The injured worker complained of right arm pain which she described as severe. She complained of right wrist and hand pain. Upon physical examination, the provider noted the injured worker had moderate to severe tenderness to the anterolateral subacromial and lateral deltoid of the right shoulder. The injured worker had a positive impingement sign, positive supraspinatus sign, a negative apprehension test, a positive acromioclavicular joint tenderness, and positive crepitus. The provider noted the range of motion of the right shoulder was flexion at 10 degrees and extension at 20 degrees. The range of motion of the left shoulder was flexion at 165 degrees and extension at 30 degrees. The provider noted tenderness to palpation over the paracervical, levator scapulae, medial trapezius, and parascapular muscles. The provider requested physical therapy for the right wrist. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy for the right wrist 8 visits is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for myalgia and neuralgia 10 visits of physical therapy are recommended. There is a lack of documentation including and adequate and complete physical examination demonstrating the injured worker had decreased functional ability, or decreased flexibility. Therefore, the request is non-certified.