

Case Number:	CM14-0160577		
Date Assigned:	10/06/2014	Date of Injury:	02/03/2012
Decision Date:	05/01/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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, Pain Management

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 31 female who sustained an industrial injury on 2/3/12 when a metal fan fell on top of her resulting in back injury. She received x-rays, medication and physical therapy. Of note, she also injured her left thumb (4/14/11) and left 5th finger (4/20/12). She currently complains of neck pain radiating to the left hand, left shoulder elbow and wrist pain. Her grip strength is weak in the left hand. She has difficulty in performing activities of daily living. Medication is ibuprofen. Diagnoses include left hand/ thumb injury; left 5th finger injury; status post-surgery to left 5th finger; left de Quervain's; rule out left carpal tunnel syndrome; rule out left cubital tunnel; contusion of the right scapula; lumbar spine strain/ sprain. Diagnostics include electromyography/ nerve conduction study (7/24/14) of the left upper limb with abnormal study indicating left median nerve entrapment. There are no progress notes available for review that request physical therapy for the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Physical Therapy visits for the shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear if the patient has undergone previous therapy. If the patient has undergone previous therapy, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. If the patient has not undergone previous therapy, the current request exceeds the 6-visit trial recommended by guidelines. As such, the currently requested additional physical therapy is not medically necessary.