

Case Number:	CM14-0210930		
Date Assigned:	12/22/2014	Date of Injury:	09/01/2011
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/16/2014

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 & Rehabn

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 patient is a 41-year-old female with the injury date of 09/01/11. Per physician's report 09/30/14, the patient has pain in her neck, her left shoulder and left wrist. The range of cervical or left shoulder motion is decreased. Phalen's test is positive. The lists of diagnoses are: 1) Cervical disc protrusion 2) Cervical musculoligamentous injury 3) Cervical radiculopathy 4) Cervical sprain/ strain 5) Left rotator cuff tear 6) Left shoulder musculoligamentous injury 7) Left wrist pain 8) Left wrist sprain/ strain . Per 09/18/14 progress report, the patient reports depression, anxiety, irritability and neck pain. The patient presents full range of cervical motion. There are spasms over the cervical paravertebral muscles. Per 06/26/14 progress report, the patient has constant pain and weakness in her neck and left upper extremity. The treater "requested 8 sessions of chiropractic treatment to increase ROM and ADLs and decrease pain." The patient has had 8 sessions of chiropractic treatment in the past. MRI from 07/31/12 shows 1) left shoulder, moderate impingement syndrome 2) tendinosis of RC with small tear 3) fluid in GH joint and subdeltoid space. The utilization review determination being challenged is dated on 11/11/14. Treatment reports were provided from 09/09/13 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left wrist 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with pain and weakness in her neck, left shoulder and left wrist. The request is for 8 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT WRIST. Per the utilization review letter 11/11/14, the patient has had 23 sessions of physical therapy in the past. The treater "requested additional physical therapy as part of multidisciplinary effort in compliance with practices designed to increase the probability of successful recovery."For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, none of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. The current request for 8 combined with 23 already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.

Chiropractic left wrist 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain and weakness in her neck, left shoulder and left wrist. The request is for 4 SESSIONS OF CHIROPRACTIC TREATMENT FOR THE LEFT WRIST. Per the utilization review letter 11/11/14, the patient has had 12 sessions of physical therapy recently. MTUS guidelines page 58-59 does not recommend chiropractic treatment for forearm, wrist and hand. Therefore, the request of Chiropractic treatment IS NOT medically necessary.