

Case Number:	CM15-0100094		
Date Assigned:	06/02/2015	Date of Injury:	07/13/2014
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 46 year old female, who sustained an industrial injury on 7/13/14. Initial complaints were not reviewed. The injured worker was diagnosed as having left wrist sprain/strain; left shoulder rotator cuff tear per history. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4/17/15 indicated the injured worker complains of frequent pain in her left shoulder traveling to the left arm, left hand which she describes as throbbing and burning. She rates this pain as 5-6/10. She also complains of numbness and tingling in the left hand and states the pain is worsening. She complains of frequent left elbow pain which he describes as sharp. The rates this pain as 5-6/10 with numbness and tingling to the left hand and the pain is worsening. She did not take any pain medications today and the pain levels described are without effects of medications. She also noted difficulty falling asleep due to pain and waking during the night with pain. She has symptoms of anxiety due to pain, loss of work; symptoms of depression for the same. She is currently prescribed Ativan for anxiety and finds it helpful; also Cymbalta and Losartan. Physical examination reveals nonspecific tenderness to the left shoulder and palpation indicates moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus and infraspinatus on the left. Impingement maneuver and Codman drop arm test are positive on the left shoulder. Wrists examination notes palpation nonspecific tenderness to the left wrist; palpation indicates medial and lateral tenderness. Phalen's test is positive on the left wrist. The treatment plan includes a recommendation for referral to an orthopedic surgeon to address carpal tunnel and mild left cubital tunnel syndrome. He is also recommending pharmacologic

management. The provider is requesting authorization at this time for an additional 12 sessions of physical therapy for the left shoulder and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy visits for left shoulder and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Shoulder Procedure Summary Online Version last updated 04/03/2015; ODG-TWC Forearm, Wrist & Hand Procedure Summary Online Version last updated 03/09/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic), physical therapy (4) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy (5) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for left shoulder and elbow pain and numbness and tingling of the left hand. When seen, there was decreased left shoulder range of motion with tenderness and positive impingement testing. There was decreased elbow and wrist range of motion with tenderness. Phalen's testing was positive. There was tenderness over the medial and lateral epicondyle. When requested, 18 physical therapy treatments has been authorized. Guidelines recommend up to 10 therapy treatments over 8 weeks for the conditions present in this case with partial concomitant care expected. In this case, the additional number of visits requested is in excess of that recommended or what would be needed to establish or revise the claimant's home exercise program. The request is not medically necessary.