

Case Number:	CM15-0177425		
Date Assigned:	09/18/2015	Date of Injury:	11/21/2012
Decision Date:	11/16/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/09/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial-work injury on 11-21-12. She reported initial complaints of right shoulder and hand pain. The injured worker was diagnosed as having carpal tunnel syndrome, disorder of bursa and tendons in shoulder region, enthesopathy of elbow region, and wrist sprain. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of pain, stiffness, weakness to the right shoulder, arm and wrist and left wrist. The pain is frequent and moderate. There is numbness in the shoulders. There is also depression and sleep disturbance. Per the primary physician's progress report (PR-2) on 8-2-15, exam noted worsening symptoms of the right upper extremity with decreased range of motion and strength. The Request for Authorization requested service to include Physiotherapy once a month for 3 months for the wrist, elbow, and shoulder. The Utilization Review on 8-7-15 denied the request for Physiotherapy once a month for 3 months for the wrist, elbow and shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Shoulder Complaints 2004, Elbow Complaints 2007, Forearm, Wrist, and Hand Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy once a month for 3 months for the wrist, elbow and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The most up to date progress report dated 7/29/15 indicates the patient has ongoing pain in the right shoulder and hand. The current request for consideration is physiotherapy once a month for 3 months for the wrist, elbow and shoulder. The attending physician requests physiotherapy once a month for 3 months but does not offer any discussion. The CA MTUS does recommend physical therapy for chronic pain at a fading frequency, with a transition into independent home-based exercise. The CA MTUS physical medicine guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has been treated with physical therapy in the past. However, there is nothing in the medical records made available for review, which details the quantity of the previous physical therapy or documents functional improvement. While the patient may be a candidate for additional physical therapy, the available medical records do not establish medical necessity for the request. Therefore, the request is not medically necessary.