

Case Number:	CM15-0023649		
Date Assigned:	02/13/2015	Date of Injury:	02/20/2014
Decision Date:	06/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 53-year-old female, who sustained an industrial injury on February 20, 2014. She reported bilateral shoulder, wrist and hand pain with associated numbness and pain. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical muscle spasm, left and right shoulder myoligamentous injury, left and right shoulder muscle spasm, right wrist and hand pain, right elbow myoligamentous injury; rule out left carpal tunnel syndrome, right triangular fibrocartilage tear, pain in the right shoulder, pain in the cervical spine and de Quervain's tenosynovitis. Treatment to date has included diagnostic studies, injections to the right upper extremity, conservative care, wrist orthotics, medications and work restrictions. Currently, the injured worker complains of continued head, shoulder, and upper extremity pain with associated radicular symptoms of the right upper extremity. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Radiographic imaging and electro diagnostic studies on May 9, 2014 revealed right cervical radiculopathy and generalized peripheral neuropathy. Magnetic resonance imaging of the right wrist on August 4, 2014, revealed no recent trauma or fracture and normal carpal bone alignment. Evaluation on August 5, 2014, revealed continued pain as noted. She was status post de Quervain's injection of the right upper extremity. She reported the pain was worse following the injection. It was noted she was working at this time. Evaluation on September 23, 2014, revealed continued pain as noted. Physical therapy for the cervical spine, right shoulder and right wrist was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x Wk x 6 Wks Cervical spine, right shoulder, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The Physical therapy 2 x Wk x 6 Wks Cervical spine, right shoulder, and right wrist is not medically necessary and appropriate.