

Case Number:	CM15-0072305		
Date Assigned:	04/22/2015	Date of Injury:	02/27/2014
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 47-year-old female, who sustained an industrial injury on 2/27/14. The injured worker has complaints of left shoulder and left wrist pain. The diagnoses have included left shoulder tendinitis and left wrist tenosynovitis. Treatment to date has included electrodiagnostic study of the upper extremities; acupuncture; left arm and wrist brace; gel soles for the feet; magnetic resonance imaging (MRI) of the neck and medications. The request was for 12 sessions of physical therapy to the left shoulder and left wrist 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to the left shoulder and left wrist 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Forearm, Wrist and Hand Section; Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the left shoulder and left wrist three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker is working diagnoses are cervical spine degenerative this disease; left shoulder impingement; left wrist derangement; and bilateral carpal syndrome. The documentation in the medical record from a February 2, 2015 progress note and March 3, 2015 progress note does not contain subjective and objective updated clinical findings. The physical examination section states "unchanged". According to a QME in the medical record dated August 9, 2014, the injured worker received physical therapy. The total number of physical therapy sessions is unspecified and not documented in the medical record. There are no physical therapy progress notes in the medical record. There is no documentation from prior physical therapy that evidences objective functional improvement. Consequently, absent clinical documentation with objective functional improvement, previous physical therapy documentation with subjective and objective documentation in serial progress notes setting out deficiencies that require physical therapy, 12 sessions physical therapy to the left shoulder and left wrist three times per week times four weeks is not medically necessary.