

Case Number:	CM15-0077379		
Date Assigned:	04/28/2015	Date of Injury:	08/26/2014
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 (IW) is a 59 year old female who sustained an industrial injury on 08/26/2014. She reported pain in the right hand and right shoulder. The injured worker was diagnosed as having shoulder tendonitis/bursitis (right), generalized pain, and wrist tendonitis/bursitis (right). Treatment to date has included modified duties, pain medications, and physical therapy. Currently, the injured worker complains of continuous pain in her right shoulder at times becoming sharp and shooting, traveling to her right fingers. She has popping in the right shoulder with episodes of numbness and tingling in her right shoulder and experiences stiffness in the shoulder. Lifting increases her pain as does reaching, pushing, pulling, or lifting her arm above shoulder level. Pain medication provides some relief, but she is still symptomatic. Her right hand has cramping and weakness. The pain increases with gripping, grasping, flexing/extending, rotating, and repetitive finger movements. Medication improves her pain but she remains symptomatic. A request for authorization is made for physical therapy 3 x 4 weeks for the left and right shoulder, to the left and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 weeks for the Left and Right Shoulder, to the Left and Right Wrist:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary.