

Case Number:	CM15-0079100		
Date Assigned:	04/30/2015	Date of Injury:	12/16/2013
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 63-year-old female with a work injury dated December 16, 2013. The injured worker previously received the following treatments physical therapy, chiropractic therapy, acupuncture and medication. The injured worker was diagnosed with right shoulder rotator cuff syndrome, right shoulder strain/sprain, elbow sprain/strain, carpal sprain/strain, wrist radial styloid tenosynovitis, trigger finger acquired, hand sprain/strain, cervical spine strain/sprain, cephalgia, insomnia, anxiety and depression. According to progress note of March 5, 2015, the injured workers chief complaint was right shoulder dull and aching pain. The pain was rated at 8 out of 10 without medications and 7 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The right elbow dull and aching pain 8 out of 10 without medication and 6 out of 10 with medication. The pain was aggravated by activities lifting and relieved with rest and medications. The right wrist dull aching pain rated 8 out of 10 without pain medication and 6 out of 20 with medication. The pain was aggravated by activities such as grasping, lifting, and relieved with rest and medication. The treatment plan included physical therapy for the shoulder, elbow, wrist, finger, and hand. Right hand pain was dull and aching pain rated 9 out of 10 without medication and 6 out of 10 with medications. The pain was aggravated by grasping, lifting, and it is relieved with rest and medication. There was numbness and tingling in the right fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks Shoulder, Elbow, Wrist, Finger and Hand:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Physical Therapy 2 times a week for 4 weeks shoulder, elbow, wrist and hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had 12 prior therapy sessions. The MTUS recommends up to 10 visits for this patient's condition. The outcome of prior therapy is not clear. It is not clear why the patient cannot participate in and independent home exercise program. The request for additional physical therapy is not medically necessary.