

Case Number:	CM15-0091777		
Date Assigned:	05/18/2015	Date of Injury:	04/14/2012
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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 injured worker was a 64 year old female, who sustained an industrial injury, March 13, 2014. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, right shoulder MRI, left shoulder MRI, left and right wrist MRIs, right and left wrist/forearm braces and physical therapy. The injured worker was diagnosed with cervical strain/sprain, right shoulder strain/sprain, right elbow strain/sprain, right wrist strain/sprain, right hand strain/sprain, left shoulder strain/sprain, left elbow strain/sprain, left wrist strain/sprain, left hand strain/sprain, insomnia, depression and anxiety. According to progress note of July 17, 2014 the injured workers chief complaint was pain in the bilateral hands along with numbness and associated weakness. The injured worker was dropping objects due to weakness in the hands. The physical exam noted decreased range of motion of the bilateral wrists and hands. The exam noted positive Tinel's and Phalen's testing. There was tenderness noted over the distal radioulnar joint bilaterally. The treatment plan included physical therapy for the cervical spine, bilateral wrists and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, bilateral wrists, bilateral shoulders 12 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic), shoulder (acute and chronic), forearm, wrists and hand (acute and chronic).

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

Decision rationale: Physical therapy for the cervical spine, bilateral wrists, bilateral shoulders 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The request exceeds this number of visits. Furthermore, the documentation is not clear on how many prior PT sessions the patient has had for the cervical spine, wrists or shoulders and the outcome or why she is unable to perform an independent home exercise program Without clarification of this information the request for physical therapy is not medically necessary.