

Case Number:	CM14-0148116		
Date Assigned:	09/18/2014	Date of Injury:	01/15/2013
Decision Date:	09/24/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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: 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 is a 53-year-old female, who sustained an industrial injury on 1-15-13. The injured worker has complaints of right upper extremity pain. Right wrist examination reveals range of motion is restricted with palmar flexion limited to 25 degrees limited by pain and dorsiflexion limited to 30 degrees limited by pain. Right shoulder reveals movements are restricted with flexion limited to 85 degrees limited by pain, abduction limited to 80 degrees limited by pain, internal rotation behind body limited to 45 degrees and external rotation limited to 50 degrees but normal extension and adduction. There is tenderness noted in the biceps groove. The diagnoses have included hand pain and shoulder pain. Treatment to date has included cymbalta; percocet; naprosyn; right rotator cuff repair and treatment of adhesive capsulitis on 12-3-13; cortisone injections to the right shoulder in June 2014 and right wrist in December 2013; physical therapy and aquatic therapy. The request was for physical therapy 2 times a week for 6 weeks to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Chapter: Shoulder (Acute & Chronic), Physical therapy Guidelines.

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

Decision rationale: The requested Physical therapy 2x a week for 6 weeks to the right upper extremity is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has right upper extremity pain. Right wrist examination reveals range of motion is restricted with palmar flexion limited to 25 degrees limited by pain and dorsiflexion limited to 30 degrees limited by pain. Right shoulder reveals movements are restricted with flexion limited to 85 degrees limited by pain, abduction limited to 80 degrees limited by pain, internal rotation behind body limited to 45 degrees and external rotation limited to 50 degrees but normal extension and adduction. There is tenderness noted in the biceps groove. The diagnoses have included hand pain and shoulder pain. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2x a week for 6 weeks to the right upper extremity is not medically necessary.