

Case Number:	CM13-0014956		
Date Assigned:	01/29/2014	Date of Injury:	03/01/2011
Decision Date:	04/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female with a date of injury on 03/01/2011. She slipped and fell on the ice. She has chronic left shoulder pain and left wrist pain since she fell in 2011. She was sent for physical therapy and during one session heard a pop in her left elbow followed by numbness in the first and third digits. She was diagnosed with cubital tunnel syndrome and had an ulnar nerve transposition surgery on 08/16/2011. Right after the surgery she had complex regional pain syndrome (reflex sympathetic dystrophy). She had more physical therapy. In 03/2012 she continued with physical therapy and had three stellate ganglion blocks. On 12/05/2012 continued physical therapy was recommended for another 12 physical therapy visits. On 01/13/2013 physical therapy was restarted. On 02/11/2013 there was a physical therapy note documenting continued left upper extremity pain with limited range of motion. On 02/27/2013 physical therapy was to continue. There was a physical therapy note for 01/28/2013, 01/30/2013, 02/05/2013, 02/20/2013, 02/28/2013, 03/06/2013, 03/20/2013, 03/22/2013 and 03/27/2013. On 05/23/2013 she was P&S. There was reference to physical therapy notes from 03/29/2013 to 04/03/2013 in one report (dated 11/12/2013). On 04/03/2013 it was noted that continued physical therapy was not effective and was to be discontinued. She was doing a home exercise program. On 04/11/2013 it was noted that she failed physical therapy. On 07/12/2013 she had a follow up visit after physical therapy and had left shoulder pain. She had a steroid injection with improvement. Then the pain returned. She had impingement with a partial rotator cuff tear. She was to continue physical therapy. On 07/30/2013 her left forearm and wrist pain. She had left shoulder pain with decreased range of motion. She had left hand weakness. On 08/07/2013 the request for 10 more physical therapy visits for the left shoulder was not certified because it was not effective in the past. On 09/12/2013 she was to continue physical therapy. On 10/09/2013 it was noted that she had left shoulder pain, left upper extremity pain and complex regional pain

syndrome. This RSD started after an ulnar nerve transposition surgery. On 12/17/2013 she could not raise her left arm above her shoulder. There was obvious left upper extremity weakness and pain. She was referred for a spinal cord stimulator implant for control of pain. She has been treated with Cymbalta, Lyrica, NSAIDS, Lidocaine, opiates, course of physical therapy and injections (steroids and nerve blocks) for over two years and has failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, LEFT SHOULDER, 2 TIMES A WEEK FOR 5 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 16, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

Decision rationale: The claimant has had years of physical therapy since 03/01/2011. It is unclear how many physical therapy visits she has had but clearly she had physical therapy in 2011 and 2012. She restarted physical therapy in 11/2012 and that continued until the 04/03/2013. There were 11 documented physical therapy notes between 01/28/2013 to 04/03/2013 but physical therapy was continued in 05/2013 to 07/2013. . She had physical therapy right after the injury. Then on 08/16/2011 she had cubital tunnel release surgery. MTUS allows for a maximum of 20 physical therapy visits post cubital tunnel release over 6 months but in 2013 she still was having physical therapy. The ODG for complex regional pain syndrome (reflex sympathetic dystrophy) allows a maximum of 24 physical therapy visits over 16 weeks. For chronic pain MTUS allows up to 10 physical therapy visits page 99 says 24 visits for CRPS. Again she had had years of physical therapy and the left shoulder/left upper extremity condition started in 2011. On 05/23/2013 she was P&S and in 07/2013 continued physical therapy was not certified because there was no documentation that it was effective treatment. She has continued pain and limited range of motion through 2014 and a spinal cord stimulator is being requested to control the pain. Continued physical therapy on 08/07/2013 forward is denied because she has exceeded the maximum number of physical therapy visits for the acute conditions of post operative surgery and CRPS and in 2013 exceeded the maximum physical for chronic pain. Continued physical therapy is not consistent with MTUS ACOEM or ODG guidelines. By this point in time she should have been transitioned to a home exercise program.