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| Case Number: | CM13-0024646 | | |
| Date Assigned: | 03/26/2014 | Date of Injury: | 04/20/2009 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California and Virginia. 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 36 year old female who was injured on 04/20/2009 while pulling trash from bin, the patient felt a pull in the right shoulder. Prior treatment history has included hydrochlorothiazide, Sucralfate, Zofran, Paxil, Hydromorphone; Kenalog and Lidocaine Injection; physical therapy and morphine injection. The patient underwent cubital tunnel release and right shoulder surgery. Primary Treating Physician's Progress Report dated 08/13/2013 indicated the patient has complaints that she remains symptomatic. Objective findings on exam revealed the right shoulder to have well-healed incisions from previous surgery, limited and painful range of motion and testing positive. There is tenderness over the AC joint and positive impingement maneuver. The right wrist and hand has limited palmar in dorsiflexion, has a well-healed incision over the volar aspect of the wrist. There is tenderness with full range of motion in the fingers. The right elbow has a well-healed incision consistent with cubital tunnel release. There is positive Tinel sign and a palpable ulnar nerve which appears to have slid into the ulnar groove. The left hand and wrist has pain with palmar in dorsiflexion. She has full range of motion of the fingers. The right wrist and elbow examination, the patient has some tenderness to palpation across the metacarpal bones dorsally. The patient is positive for Tinel's sign at the wrist. The patient is positive for Phalen's sign. There is tenderness to palpation over the medial aspect of the elbow with positive Tinel's sign radiating to the hand. There is swelling present as well. It is recommended that the patient have a consultation with a board certified upper extremity specialist, [REDACTED] to evaluate her persistent right elbow with positive Tinel's sign radiating to the hand, and wrist symptoms as well as a consultation with a board certified orthopedic specialist, [REDACTED] to evaluate the right shoulder symptomatology. The patient is diagnosed with 1) Cervical Radiculopathy; 2) Elbow Sprain/strain; 3) Cervical Sprain/Strain; 4)

Generalized Pain; 5) Sprains and Strains of shoulder and upper arm not otherwise specified; and 6) Lateral Epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATE AND TREAT RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 503 - 524, Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: According to the medical records, there is no documentation regarding type of treatment or functional goals after original surgery. There would be an expectation that the patient would be able to complete a home exercise program at this juncture. In addition, there is no documentation of functional goals of treatment or treatment plan. According to MTUS Guidelines and ACOEM Guidelines, request for evaluation should also include a comprehensive treatment plan, including functional goals and plan for transition to home exercise program. Based on the lack of documentation and established guidelines, the request is non-certified.