

Case Number:	CM13-0052240		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2010
Decision Date:	03/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 43 year old female who reported an injury on 10/01/2010 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her cervical spine, shoulders, and elbow. The patient ultimately developed complex regional pain syndrome of the right upper extremity. Prior treatments have included occupational therapy for the right shoulder, physical therapy for the right elbow, and stellate ganglion blocks. The patient's most recent clinical examination findings of the bilateral shoulders indicate that the patient has no tenderness to palpation over the acromioclavicular joint, subacromial bursa, coracoid process, bicipital groove, or subdeltoid bursa. Right shoulder range of motion is described as 165 degrees in abduction, 170 degrees in flexion, 30 degrees in internal rotation, 80 degrees in external rotation, 40 degrees in extension, and 30 degrees in adduction. Evaluation of the bilateral elbows revealed normal range of motion with mild tenderness over the lateral epicondyle of the right elbow. The patient's diagnoses included complex regional pain syndrome of the right upper extremity, lateral epicondylitis of the right elbow, and possible carpal tunnel syndrome of the right hand. The patient's treatment plan included occupational therapy for the right shoulder as the patient reported approximately 25% improvement in pain and physical therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times 4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has previously participated in occupational therapy for the right shoulder. It is noted the patient had 25% pain improvement with prior therapy. The MTUS Chronic Pain Guidelines recommend patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although an additional 1 to 2 visits may be indicated to transition the patient into a home exercise program, the requested 8 visits is excessive. Additionally, there are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. There is also no documentation of an additional stellate ganglion block that would benefit from skilled supervised therapy. As such, the requested occupational therapy 2x4 for the right shoulder is not medically necessary and appropriate.

Physical therapy 3 times 4 right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Physical Medicine

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has mild complaints of tenderness to palpation over the lateral epicondyle. This pain may benefit from physical therapy. However, Official Disability Guidelines only recommend 8 physical therapy visits for this type of injury. The requested 12 visits exceed this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 3x4 for the right elbow is not medically necessary and appropriate.