

Case Number:	CM13-0057285		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2012
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 California. 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 52 year old female who was injured on 04/09/2012. The patient fell onto the steering wheel and had immediate pain in her right shoulder and lower back. She informed her supervisor of the injury and was instructed to continue working. On the following day, she called her employer and was told to seek treatment at [REDACTED]. She was informed that she had left kidney failure. Additionally, within a day, she developed pain in the left elbow, left wrist and numbness in the left hand. Prior treatment history has included physical therapy with electrical stimulation. Past medications included tramadol 350. She underwent surgery to her left kidney on 07/19/2012. Electrodiagnostic evaluation performed 12/16/2013 revealed mild carpal tunnel syndrome, bilaterally. Although standard median conductions across both wrists were within normal limits, special studies to detect early carpal tunnel syndrome (UCLA protocol) demonstrated median slowing across both wrists in a pattern indicative of mild carpal tunnel syndrome, bilaterally. The median sensory potentials were preserved in amplitude and there was no thenar denervation. EMG of the both upper extremities demonstrated no acute or chronic denervation. There was no evidence of pronator teres syndrome, ulnar neuropathy at the wrist or elbow, radial neuropathy, brachial plexopathy, or cervical radiculopathy, bilaterally. MRI of the right shoulder performed 12/09/2013 revealed hypertrophic changes of the acromioclavicular joint with inferolateral orientation of the acromion causing impingement on the distal supraspinatus tendon with tendinosis and a partial thickness tear without retraction of muscle atrophy. Superior glenoid labral tear anteriorly and posteriorly. Clinic note dated 10/21/2013 documented the patient to have complaints of left shoulder, left elbow, hand/wrist/thumb/index fingers, lower back and left knee pain. The patient complained of increasing pain towards terminal range of motion. Bilateral shoulder examination: There was no evidence of atrophy, hypertrophy or asymmetry bilaterally. There

was no erythema, cyanosis, or other color changes bilaterally. There was no visible subluxation of the glenohumeral joints bilaterally. There was no deformity of the clavicle or acromioclavicular joints bilaterally. Range of motion of the shoulders: Flexion: 140 degrees bilaterally, 180 normal; Abduction: 120 degrees bilaterally, 170 normal; External Rotation: 60 degrees bilaterally, 80 normal; Internal Rotation: 60 degrees bilaterally, 80 normal. Palpation: There was tenderness to palpation over the AC joints of both shoulders. Provocative Testing: Apprehension test negative bilaterally. Posterior Apprehension test negative bilaterally. Yergason's Test negative bilaterally. Drop Arm Test negative bilaterally. Supraspinatus test negative bilaterally. Neer's test positive bilaterally. Hawkins test positive bilaterally. Roo's test negative bilaterally. Bilateral elbow examination: There was no visible deformity or asymmetry bilaterally. There was no bursa edema, erythema, or warmth. Range of motion of the elbow, as measured with inclinometer, is as follows: Flexion: 140 degrees bilaterally, 140 degrees normal; Extension: 0 degrees bilaterally, 0-10 degrees hyperextension; Supination: 70 degrees bilaterally, 70 degrees normal; Pronation: 80 degrees bilaterally, 80 degrees normal. Palpation: there was no tenderness to palpation of the lateral epicondyle on the left. Provocative testing: Tennis elbow tests negative on right, positive on left; Golfer's elbow test negative bilaterally; Tinel's elbow negative bilaterally; pronator teres test negative bilaterally; Elbow flexion test negative bilaterally. Bilateral hand and wrist examination: There were no visible deformities, masses, or asymmetry. There were no visible nodules or contractures. There was no intrins

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x 4-6 to left hand/wrist, left shoulder, right hand/wrist, right shoulder, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: According to the MTUS guidelines, physical therapy is indicated to help control swelling, pain and inflammation during the rehabilitation process. It is meant to restore flexibility, strength, endurance, function, range of motion, and alleviate discomfort. The employee is noted to have already had therapy for this injury which the employee states made the pain worse (PR-2 dated 12/02/2013). The employee is not seeing any improvement in pain levels either, with pain rating remaining the same throughout the course of treatment. The requested additional therapy is outside the guidelines allowance and is therefore non-certified.