MAXIMUS Federal Services

Case Number:	CM13-0064748		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2012
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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 58 year old female who was injured on 12/04/2012. The patient injured his right wrist and right shoulder. The patient has been treated with surgery, medication, 16 sessions of physical therapy according to therapy noted dated 06/13 and 08/20/13. Diagnostic studies reviewed include electrodiagnostic report dated 08/06/2013 revealed electroneurographic findings are indicative of moderate bilateral carpal tunnel syndrome; electroneurographic indicators of ulnar neuropathy were not seen; electromyographic indicators of acute cervical radiculopathy were not seen. Operative note dated 01/12/2013 indicated the patient had surgical decompression of the subacromial space of the right shoulder including partial acromionectomy and release of the coracoacromial ligament. QME dated 10/29/2013 documented the patient to have complaints of right shoulder, right elbow and left knee pain. She is postoperative of these three body parts. The patient is still undergoing postoperative physical therapy. She states she has pain. Objective findings on exam reveal a scar on the right anterior shoulder. The scar has healed well. The right shoulder is tender to palpation. The patient's range of motion is very restricted at this time. The patient was diagnosed with adhesive capsulitis/status post right shoulder surgery; right elbow fracture/status post internal fixation with flexion contracture; and ulnar neuropathy at the right elbow. The patient has a sprained shoulder rotator cuff. Hand Therapy note dated 10/04/2013 documented a total of 16 visits/twice weekly, since her initial visit on 08/20/2013. [redacted] has made good progress in PROM; small gains have been made in AROM. She reported pain has decreased. There is mild discomfort at rest that intensifies to moderate pain with PROM. Elbow AROM remains severely limited; wrist, hand Final Determination Letter for IMR Case Number CM13-0064748 3 and fingers AROM is better. [redacted] is performing aggressive stretching, PROM, AAROM, AROM and light strengthening exercises in the clinic and as a part of her HEP. Hand Therapy note dated

06/20/2013 indicated the patient's elbow had improvement in strength, flexion, and extension; AROM remains unchanged. Hand Therapy note dated 07/01/2013 indicated no change in elbow AROM. Hand Therapy note dated 07/03/2013 indicated no change in elbow

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY, 18 SESSIONS RIGHT SHOULDER, RIGHT ELBOW: Upheld

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

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

Decision rationale: According to the MTUS Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Hand Therapy note dated 07/01/2013 and 7/03/2013 indicated no change in elbow active range of motion. In the absence of documented functional gain, the request is not medically necessary according to the guidelines