

Case Number:	CM13-0070985		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2012
Decision Date:	10/01/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

Patient is a 39-year-old female with a 3/7/12 date of injury due to repetitive use of the right upper extremity. AME dated 07/31/13 states complains of pain in her shoulders, right elbow, wrists and lumbosacral spine. Patient is status post right shoulder subacromial decompression 06/29/12, status post right elbow surgery on 12/21/12 for lateral epicondylitis, alleged compensatory left shoulder strain, bilateral carpal tunnel syndrome, lumbosacral spine strain. The shoulder surgery was followed by physical therapy for the entire upper extremity. Then the elbow surgery was followed by right shoulder and right elbow physical therapy. Patient was also attending physical therapy at the date of the AME report, which is also concluded that the patient has reached MMI. This report also indicates that the patient's shoulder pain is slight on most occasions, negative impingement test bilaterally, decreased range of motion of the right shoulder. Right elbow has decreased range of motion and negative Tinel's sign at the elbow. Nerve conduction studies reveal CTS, probable left median neuropathy, all our nurse just entrapment. Bilateral wrists have slight pain on most occasions, diffuse palpable tenderness decreased range of motion, positive Phalen's and Tinel's tests bilaterally, negative Finkelstein. 11/15/13 physical therapy progress note states that physical therapy has helped decrease her pain, but patient gets 10/10 pain with driving more than 45 minutes, she is able to sleep more at night. 05/31/13 authorization request indicates that the patient has already received 46 physical therapy sessions. 12/12/13 report by [REDACTED], states positive left shoulder impingement sign, hypersensitivity and allodynia, weakness and pain on the right wrist with hypersensitivity over the dorsum of right forearm, hyperhidrosis. Diagnoses listed state s/p right shoulder arthroscopy and right elbow surgery, right upper extremities CRPS. 12/10/13 report by [REDACTED], however, diagnoses right wrist TFC tear with bilateral CTS, cervical disc disease, right shoulder rotator cuff syndrome, s/p right shoulder arthroscopy and right elbow surgery, lumbar disc disease. The

prior review noted that the patient is taking the same amount of medications, although the stellate ganglion block provided 60% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

Decision rationale: The request for additional PT for rotator cuff syndrome, as stated per ICD code 726.1 in the application for IMR, is not supported by the guidelines. Patient underwent a large number of PT sessions and medication therapy, however remains symptomatic with PT stating 10/10 pain after 45 minutes of driving. The findings of the AME also state that the patient is at MMI and does not indicate the perspective of further improvement. Although PT helps the patient to address pain, having attended over 46 sessions she should be able to perform independent home exercise program. The medical necessity for a supervised PT program is not established. The request is not medically necessary.