

Case Number:	CM14-0002896		
Date Assigned:	01/29/2014	Date of Injury:	01/31/2013
Decision Date:	06/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Pain Management and is licensed to practice in Florida. 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 injured worker is a 44 year old female who reported an injury on 01/31/2013 secondary to a door closing on her arm. The clinical note dated 12/12/2013 reported the injured worker complained of left shoulder pain, left elbow pain, and bilateral wrist pain rated at 8/10, with numbness and tingling. The physical examination, of the left shoulder revealed strength on external rotation was 5/5 with pain. The supraspinatus isolation was 4/5 with pain and the belly press test was 5/5 with pain. The range of motion of the left shoulder was 160 degrees forward flexion, 45 degrees internal rotation, and 60 degrees external rotation. The physical examination of the left elbow revealed range of motion was 130 degrees flexion and extension, 75 degrees pronation, and 70 degrees supination. The physical examination of the wrist revealed the range of motion was 45 degrees extension, 50 degrees palmar flexion, 35 degrees radial deviation, and 45 degrees ulnar deviation. The x-rays reported no significant abnormalities in the left elbow or wrist and the x-ray of the shoulder revealed degenerative changes of the acromioclavicular joint. The diagnoses included status post left shoulder contusion with impingement syndrome and possible rotator cuff tear, left elbow medial and lateral epicondylitis and possible left carpal tunnel and/or cubital tunnel syndrome. The treatment plan included recommendations of a home exercise program for her left shoulder, and she underwent an injection, with depo-medrol and xylocaine, to the left shoulder subacromial bursa. The injured worker has participated in approximately 11 sessions of physical therapy. The request for authorization was submitted on 12/02/2013. The provider recommended the treatment to cure or relieve the injured worker effects of the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LEFT ELBOW, SHOULDER, AND UPPER ARM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 98-99

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

Decision rationale: The request for Physical Therapy Two (2) Times a Week for Three (3) Weeks for the Left Elbow, Shoulder, and Upper Arm is non-certified. The injured worker has a history of pain to her left shoulder, arm and elbow treated with medications, physical therapy, steroid injections, and braces. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. Within the clinical information, provided for review, there is evidence the injured worker has participated in approximately 11 sessions of physical therapy; however, it was unclear if the injured worker made significant objective functional gains during therapy. In addition, the request for six additional sessions of physical therapy exceeds the recommended 9-10 visits over 8 weeks to promote functional improvement. Therefore, the request for physical therapy two (2) times a week for three (3) weeks for the left elbow, shoulder, and Upper Arm is not medically necessary.