

Case Number:	CM14-0013474		
Date Assigned:	02/21/2014	Date of Injury:	10/11/2008
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 63-year-old gentleman who has complaints of right shoulder and elbow pain as a result of a 10/11/2008 work-related injury. The 12/11/2013 follow-up report noted continued right shoulder and elbow complaints. There is documentation that the claimant had a prior rotator cuff repair on 07/26/2013, followed by the completion of twenty-four (24) sessions of physical therapy. The claimant's current diagnosis is continued shoulder pain and cubital tunnel syndrome of the elbow. The physical examination showed tenderness over the right rotator cuff, weakness, and a positive Tinel's sign at the cubital tunnel at the elbow. The recommendation was made for twelve (12) additional sessions of physical therapy for both the elbow and shoulder. There is no documentation of prior elbow surgery having been performed.

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 SIX (6) WEEKS FOR THE RIGHT SHOULDER AND THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The records document that since the time of the July, 2013 shoulder surgery, the claimant has undergone twenty-four (24) documented sessions of physical therapy. The Postsurgical Treatment Guidelines recommend up to twenty-four (24) sessions of physical therapy for the shoulder in the postoperative setting. The request for twelve (12) additional sessions of therapy for the shoulder would exceed the Postsurgical Treatment Guideline recommendation. There is no documentation of objective findings on exam to support the need for additional therapy. In regards to therapy for the elbow, there is also documented treatment of prior conservative care in the form of physical therapy. Given the claimant's physical examination findings, there would be no indication for twelve (12) additional sessions of physical therapy at this chronic stage of conservative treatment. While the Chronic Pain Guidelines recommend a short course of therapy to manage an acute symptomatic flare, the documentation does not reveal that the claimant is having a flare of symptoms. The request in this case would not be supported.