

Case Number:	CM14-0119376		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2013
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 52-year-old with a work injury dated 4/4/13. The diagnoses include right elbow pain; tear of the right common extensor tendons, right elbow; right elbow lateral epicondylitis; left shoulder pain; status post left shoulder arthroscopy on 2/13/14; left cubital tunnel syndrome; and left wrist carpal tunnel syndrome. Under consideration is a request for an additional 6 visits of post-operative physical therapy (PT) to left shoulder and a home exercise kit for the left shoulder. There is a primary treating physician report dated 7/9/14 that states that the patient states his left shoulder is doing ok but is not back to full strength yet. He still has pain in his right elbow that is worse with gripping/grasping. Examination of the left wrist revealed: flexion 65, extension 65, radial deviation, and ulnar deviation. Findings on exam of the right elbow were: flexion 135, extension 0, pronation 85, and supination 85, with tenderness at the lateral epicondyle. Left elbow findings on exam were: flexion 130, extension 0, pronation 85, and supination 85 with tenderness at the lateral epicondyle. Exam of the left shoulder revealed: flexion is 160, extension is 50, adduction is 50, abduction is 50, internal rotation 55 and external rotation 85. The treatment plan included additional PT, 2x3 (twice a week for three weeks), to the left shoulder and right elbow as well as a request for a home exercise kit for the left shoulder, in order to transition to a home exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative PT 6 visits to left shoulder 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, LLC, Corpus Christi, TX (www.odg-twc.com) Section: Shoulder (Acute & Chronic) (updated 4/25/2014).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 6 additional post-operative physical therapy (PT) visits for the left shoulder are not medically necessary per the MTUS Postsurgical Guidelines. The patient has completed the recommended 24 visits of PT for his condition. The documentation does not provide any evidence that the patient requires additional supervised physical therapy at this point. He should be well-versed in a home exercise program. This request is not medically necessary.

A home exercise kit for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.acoempracguides.org/> Shoulder Disorders; Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg: Durable medical equipment (DME).

Decision rationale: A home exercise kit for the left shoulder is not medically necessary per the ODG Guidelines. The MTUS does not specifically address exercise equipment. The ODG Knee Chapter states that equipment is considered not primarily medical in nature. The MTUS Chronic Pain Medical Treatment Guidelines state that patients are instructed in, and expected to continue with, active therapies at home as an extension of the treatment process, in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance, as well as functional activities with assistive devices. The documentation submitted does not reveal what the shoulder exercise kit contains and why it is medically preferable over a home exercise program without equipment. For these reasons, the request for a home exercise kit for the left shoulder is not medically necessary.