

Case Number:	CM14-0139982		
Date Assigned:	09/08/2014	Date of Injury:	02/02/2011
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice 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:

This 47 year old male claimant sustained an injury on 2/2/11 involving the right upper extremity. He was diagnosed with an inflammatory process of the right shoulder and underwent surgery in 2011. He had undergone physical therapy post-operatively. In addition, he had bilateral epicondylitis and right carpal tunnel syndrome. A progress note on 7/21/14 indicated the claimant had an inflammatory process and possible elbow impingement. He had bilateral shoulder pain with numbness in both forearms. Exam findings were notable for decreased range of motion in both shoulders, decreased strength in the right hand and tenderness in both elbows. The treating physician requested x-rays of the right shoulder, right elbow, phonophoresis to treat the right upper extremity, and physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to treat the right shoulder two to three times a week for four weeks:

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 guidelines, therapy is appropriate in a fading frequency with expectation to transition to a home exercise program. It allows for up to 10 visits of therapy over 8 weeks. In this case, the amount of therapy previously completed is unknown after his surgery. Therefore the request for up to 12 more visits is not medically necessary.

Phonophoresis to treat the right shoulder, right elbow, right wrist and right hand: 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 Ultrasound Page(s): 123.

Decision rationale: Phonophoresis is an ultrasound method of drug delivery and pain management. According to the MTUS guidelines, therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Based on the guidelines, the request for phonophoresis is not medically necessary.

X-rays with 2 views of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, x-ray of the shoulder is not recommended for complaints before 4-6 weeks of conservative therapy. It is optional for acute injury and shoulder separations. In this case, the injury is chronic and there is no indication on examination for the need for an x-ray. Therefore, the request for a shoulder x-ray is not medically necessary.

X-ray with 3 views of the right elbow and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, routine x-rays of the right elbow/wrist is not recommended. It is recommended for suspected fractures. In this case, the

injury is chronic and there is no clinical indication for an x-ray on examination. The request for an x-ray of the right elbow/wrist is not medically necessary.