

Case Number:	CM14-0178258		
Date Assigned:	10/31/2014	Date of Injury:	08/30/2013
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 57 year old female with a date of injury on 8/30/2013. The injured worker has left shoulder and left upper extremity complaints secondary to repetitive activity. The notes through 1/14 indicate that the injured worker had a likely rotator cuff tear in the left shoulder with possible adhesive capsulitis. The injured worker had been treated with a steroid injection and acupuncture was advised. There is a note from 2/14 stating that shoulder surgery was requested but was non-certified. A comment was made that the injured worker had not had adequate conservative care. However, the treating physician noted that the injured worker had 6 physical therapy sessions. The therapist stated that further therapy was not likely to help the injured worker. Surgery was eventually scheduled for 5/21/14. The injured worker was to have post operative physical therapy. There is a note from 6/25/14 stating the injured worker is doing physical therapy for the shoulder but not for the cervical spine, an area that remained painful. On 7/23, the shoulder was better but the injured worker was having pain in the elbow and the wrist. According to the 8/14 note, the injured worker was noted to have completed 11 physical therapy sessions for the shoulder, but other upper extremity complaints persisted. Further diagnostic exploration was advised. There is a 9/24/14 note indicating the injured worker had some physical therapy to the wrist which was helpful, but physical therapy to the elbow was not so helpful. No exam of the wrist was provided. Findings suggested epicondylitis in the elbow. There was still neck pain and left upper extremity pain. A request was made for acupuncture and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3, to the Left Shoulder/Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98.

Decision rationale: It is not entirely clear how many physical therapy sessions to the elbow were provided, but notes indicate that the injured worker was not doing well with physical therapy. A discussion was made about steroid injections to the lateral epicondyle. At this point, especially with the injection, the injured worker should be transitioned to an independent home exercise program. There is no indication for more physical therapy, especially when it appears that more advanced treatment, i.e. steroid injection, is needed, as physical therapy has not helped. Given this, physical therapy to the elbow is non-certified. Regarding the shoulder, the injured worker is noted to be doing much better post operatively and with post operative physical therapy. It is not clear, however, how much physical therapy has been provided post operatively and what goals remain to be achieved with more physical therapy. Given this, the request is not medically necessary.