

Case Number:	CM14-0023192		
Date Assigned:	05/14/2014	Date of Injury:	12/17/2012
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 44 year old male with date of injury 12/17/12. The treating physician report dated 2/6/14 indicates that the patient presents with pain affecting the right shoulder, right elbow and right wrist. The current diagnoses are: 1. Right shoulder impingement syndrome 2. Right shoulder internal derangement with pain 3. Right shoulder sprain/strain with tenosynovitis 4. Right elbow pain status post right elbow surgery 5. Right triangular fibrocartilage tear. The utilization review report dated 2/13/14 denied the request for physical therapy 2x4 based on the rationale that the patient had a right forearm fasciotomy on 5/23/13 and completed 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (4) WEEKS FOR THE RIGHT WRIST/ELBOW/SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand (updated 05/08/13), Physical/Occupational therapy, ODG Shoulder (updated 01/20/14), Physical Therapy and ODG Elbow (updated 05/07/13), Physical Therapy.

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

Decision rationale: The patient presents with chronic pain affecting the right shoulder, elbow and wrist status 9 months post right elbow surgery. The current request is for physical therapy 2x4 for the right wrist, elbow and shoulder. The treating physician report dated 2/6/14 indicates that the patient has chronic pain that prevents right arm usage for overhead reaching, lifting over 10 pounds, gripping, grasping and squeezing without moderately increased pain. The patient is over 4 months post-surgery so the MTUS Post-Surgical Guidelines are not used in this review. MTUS does support physical therapy 8-10 sessions for myalgia and joint pain. The treating physician states, "Physical therapy 2x4 to increase ROM (Range Of Motion), increase ADLs (Activities of Daily Living) and decrease pain. There have been 20 Physical Therapy visits to date." There is no time frame for when the patient previously received Physical Therapy. The utilization review report indicated that 12 sessions of Physical Therapy were performed post surgically for the right elbow. There is no documentation of any new injury or exacerbation to indicate why the 8 sessions of physical therapy are needed at this time. Therefore, the request for physical therapy (2) times a week for (4) weeks for the right wrist/elbow/shoulder is not medically necessary and appropriate.