

Case Number:	CM14-0024098		
Date Assigned:	06/11/2014	Date of Injury:	12/22/2012
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 28 year old female who was injured on 12/22/2012. She reported discomfort in her neck, upper back, right elbow, wrist, and hand due to the repetitive nature of her job. Prior medication history included Ultram, Anaprox, Prilosec, and Flexeril. Diagnostic studies reviewed include EMG/NCV dated 12/04/2013 revealed evidence of mild right ulnar nerve entrapment at the right elbow, and no electrophysiological evidence of carpal tunnel syndrome. An orthopedic note dated 01/31/2014 states the patient reported pain in the right shoulder aggravated with overhead reaching. Objective findings on exam revealed right shoulder ranges of motion exhibited flexion at 160 degrees; extension at 40 degrees; abduction at 150 degrees; adduction at 40 degrees; internal rotation at 60 degrees, and external rotation at 85 degrees. There is reported tenderness over the greater tuberosity of the right humerus. There is subacromial grinding and clicking on the right. The patient is diagnosed with right elbow strain; right wrist sprain/strain; right hand sprain/strain; right shoulder sprain/strain and cervical spine strain/sprain. The treatment and plan included a request for arthroscopic surgery for therapeutic and analgesic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TWO TIMES A WEEK FOR SIX WEEKS, RIGHT SHOULDER, RIGHT ELBOW, RIGHT WRIST, RIGHT HAND QUANTITY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy & Forearm, Wrist & Hand, Physical/Occupational therapy & Elbow, physical therapy.

Decision rationale: According to the MTUS Chronic Pain Guidelines and the ODG, physical therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, allowing for the fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There is no evidence of improvement in the objective measurements such as pain level, ROM or strength with prior treatments in the submitted records. There is no documentation of self-directed home exercise. Therefore, the request is not medically necessary and appropriate.