

Case Number:	CM14-0047023		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2012
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgeon 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 52-year-old female who reported an injury on 04/01/2012. The mechanism of injury was not specifically stated. The current diagnoses include bilateral shoulder impingement, bilateral tennis elbow, and left carpal tunnel syndrome. The injured worker was evaluated on 03/20/2014. It is noted that the injured worker scheduled for a left carpal tunnel release in 06/2014. The injured worker reported 50% relief from a right shoulder injection. The physical examination revealed positive Adson's testing in the right upper extremity, increased right shoulder range of motion, positive impingement testing, tenderness at the bilateral lateral epicondyle, limited range of motion of the left shoulder, and positive Tinel's and Phalen's testing in the left hand. Treatment recommendations included continuation of physical therapy and left tennis elbow braces. A request for authorization form was then submitted on 03/26/2014 for a left carpal tunnel release with preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance with [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The ODG state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. As the medical necessity has not been established, the current request is not medically necessary.

CBC with differential: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The ODG state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. As the medical necessity has not been established, the current request is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The ODG state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. As the medical necessity has not been established, the current request is not medically necessary.

Physical therapy for thoracic outlet 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work loss Data Institute's Official Disability Guidelines (ODG), Procedure Summary-Shoulder, Physical Therapy Guidelines-Rotator Cuff syndrome/Impingement syndrome, Post-injection treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The ODG state physical medicine treatment for thoracic outlet syndrome includes 14 visits over 6 weeks. The injured worker has previously participated in a course of physical therapy. However, there was no documentation of objective functional improvement. As such, the request is not medically necessary.

Physical therapy for the bilateral elbows 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work loss Data Institute's Official Disability Guidelines (ODG), Procedure Summary-Shoulder, Physical Therapy Guidelines-Rotator Cuff syndrome/Impingement syndrome, Post-injection treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The ODG state physical medicine treatment for lateral epicondylitis includes 8 visits over 5 weeks. The injured worker has previously participated in a course of physical therapy. However, there was no documentation of objective functional improvement. As such, the request is not medically necessary.