

Case Number:	CM14-0099538		
Date Assigned:	07/28/2014	Date of Injury:	06/25/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/28/2014

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 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 injured worker is a 48 year old female with a date of injury of 06/25/13. She has been complaining of increasing pain and numbness in the right elbow and hand, as well as persistent pain in the left shoulder. Her elbow symptoms were improving with therapy. On exam, she had tenderness at left medial elbow. Tinel sign and elbow flexion were positive at the right cubital tunnel and negative on the left. Impingement sign was positive on the left shoulder. Grip was also diminished. ROM of the R/L shoulder was abduction 180/180, flexion 180/125, ER 90/90, IR 90/90. Full can sign was positive on the left side. She has been diagnosed with left elbow cubital tunnel syndrome, S/P medial epicondylectomy, and S/P left ulnar nerve transposition, right cubital tunnel syndrome with ulnar nerve transposition, left shoulder bursitis/tendinitis/impingement and neck pain and bilateral carpal tunnel syndrome. She is noted that has difficulties doing daily duties like personal care, standing, walking, and sitting for long periods of time. She has received physical therapy visits on 2/24/14. Recommendation: to continue physical therapy 2x times a week for 6 weeks, this was denied. Recommendation: to continue physical therapy 2x times a week for 6 weeks, this was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 x 6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: As per the MTUS Chronic Pain Guidelines, physical medicine 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 for shoulder impingement syndrome allow 10 PT visits over 8 weeks. The MTUS Chronic Pain Guidelines for physical medicine allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has received an unknown number of PT visits. Furthermore, there is no documentation of any significant improvement in the objective measurements such as pain level, ROM or strength. This injured worker should have been well-versed in home exercise program by now, to address residual complaints, and maintain functional levels. Also, there is no evidence of new injuries or revision of surgery to necessitate additional PT. Therefore, the request is considered not medically necessary and appropriate.