

Case Number:	CM14-0192751		
Date Assigned:	11/26/2014	Date of Injury:	02/07/2004
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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 53 year old female with an injury date of 02/07/14. Based on the 08/14/14 progress report, the patient complains of cervical spine pain with stiffness and spasm that migrates into her shoulders with numbness into her hands. The patient also complains right shoulder that and achy becoming sharp and right elbow and wrist pain. The patient suffers from sleep deprivation, stress, anxiety, depression, and sexual dysfunction related to her pain and injury. The patient has positive upper extremity palpation and tenderness. Motor strength for the right shoulder is 4/5 on abduction, adduction, flexion, extension, internal rotation and external rotation. The range of motion of right shoulder reveals abduction at 160 degrees, adduction at 10 degrees, and forward flexion at 170 degrees. Elbow and forearm evaluation shows positive palpation and tenderness on lateral epicondyle of right side. The range of motion of elbow reveals flexion at 140 degrees, extension at 180 degrees, supination at 85 degrees, and pronation at 75 degrees on right and left side with slight pain. The right elbow orthopedic test show positive on resisted extension test and Valgus stress test. Wrist and hand evaluation show positive palpation and tenderness on right and left sides. The range of motion of wrist reveals extension at 60 degrees, palmar flexion at 65 degrees, ulnar deviation at 40 degrees, and radial deviation at 20 degrees on the right and left sides. Phalen's test is positive for the right wrist. Her diagnoses include following:1. Status post op right carpal tunnel release.2. Postoperative cervical spine one-level fusion.3. Right shoulder internal derangement.4. Right lateral epicondylitis.5. Right ganglion cyst.6. Secondary sleep deprivation.7. Secondary Stress, anxiety, and depression.8. Secondary sexual dysfunction On 06/16/12 MRI of the left shoulder indicate marked glenohumeral joint fusion. The patient reports that she continues to improve with right hand postoperative physical therapy per 06/26/14 report. The treater also noted under "interval

history" that the patient "continues to complain of compensatory complaints of left upper extremity including the left shoulder and left wrist." The treating physician is requesting physical therapy for the left shoulder and left elbow 2 times a week for 3 weeks. The utilization review determination being challenged is dated 10/20/14. The requesting provider provided treatment reports from 06/26/14-08/14/14.

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 times 3 weeks for the left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Shoulder and Elbow

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

Decision rationale: This patient presents with cervical spine and shoulder pain. Per 06/26/14 report, the treater noted that the patient continues to improve with right hand post-operative physical therapy but there is no documentation when the surgery took place. The request is for additional physical therapy for the left shoulder and left elbow 2 times a week for 3 weeks. According to the utilization review letter "the patient had 66 authorized physical therapy visits and 18 authorized acupuncture visits." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the reports do not discuss treatment history of left shoulder and left elbow and the treater does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-up's, new injury or new symptoms warranting the treatment. Per UR letter, it would appear that the patient has had an extensive therapy already. The request is not medically necessary.