

Case Number:	CM15-0004962		
Date Assigned:	02/10/2015	Date of Injury:	02/11/2014
Decision Date:	04/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female who reported injury on 02/11/2014. The mechanism of injury was not included. Diagnoses included partial tear of rotator cuff tendon of the right shoulder and lateral epicondylitis of the right elbow. Diagnostic studies have included MRIs of the right shoulder and right elbow, performed on 10/15/2014 and 10/16/2014. The progress report dated 11/05/2014 documented the injured worker had complaint of constant moderate pain to the right shoulder and right elbow that she described as aching. On physical exam, it was noted that she had spasm and tenderness on palpation to the right rotator cuff muscle and right upper shoulder muscle. Supraspinatus test was positive on the right, as well as Neer's. There was noted spasm and tenderness on palpation to the right lateral epicondyle, with positive Cozen's test. She has been authorized 24 sessions of physical therapy and has completed 22. The progress report dated 12/05/2014 documented functional improvement deterioration has been noted as evidenced by an increase in pain scale from 4/10 to 6/10. Treatments have included physical therapy, home exercise program, pain medications, activity modification, work modification, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit with Range of Motion Measurement and ADL's: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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

Decision rationale: The request for Follow-Up Visit with Range of Motion Measurement and ADL's is not medically necessary. The California MTUS Guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The injured worker has already participated in 24 sessions of physical therapy. As the guidelines recommend up to 10 sessions of physical therapy, and the sessions already participated in have exceeded that recommendation limit, the request for Follow-Up Visit with Range of Motion Measurement and ADL's is not medically necessary.