

Case Number:	CM15-0192930		
Date Assigned:	10/14/2015	Date of Injury:	01/19/2012
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This 60 year old woman sustained an industrial injury on 1-19-2012. Diagnoses include status post bilateral knee and cervical spine surgeries, full thickness tear of the supraspinatus tendon with SLAP tear of the right shoulder, carpal tunnel-double crush syndrome, right De Quervain's, right cubital tunnel syndrome, lumbar discopathy, and rule out internal derangement of the left hip. Treatment has included oral medications. Physician notes dated 4-22-2015 show complaints of right shoulder pain rated 8 out of 10 and subsequent sleep issues, right elbow pain rated 7 out of 10, cervical spine pain rated 6 out of 10, intermittent bilateral wrist pain rated 5 out of 10, low back pain with radiation to the bilateral lower extremities, left hip pain rated 5 out of 10, and bilateral knee pain rated 4 out of 10. The physical examination shows a normal gait, paravertebral tenderness in the cervical spine area, anterior glenohumeral region and subacromial space of the right shoulder. Hawkin's and impingement signs are positive, rotator cuff function appears intact with pain. Symptomatology is reproducible with internal rotation and forward flexion, no evidence is noted of instability or swelling. The right elbow has tenderness at the olecranon fossa and medial aspect, positive Cozen's sign, Tinel's sign is positive over the cubital tunnel, "full" and pain full range of motion without measurements, and diminished sensation is noted in the ulnar two digits. The bilateral wrists and hands show tenderness over the volar aspect, positive [palmar compression test and Tinel's sign over the carpal canal as well as positive Finkelstein. Range of motion is noted to be "full" but painful with diminished sensation in the radial digits. The lumbar spine shows tenderness to palpation of the paravertebral muscles with spasm, seated nerve root test is positive, standing flexion and extension are guarded and restricted, numbness is noted to the lateral thigh, anterolateral leg and

foot, and L5 dermatome. The left hip is tender with internal and external rotation and the bilateral knees show pain with terminal motion with crepitus. Recommendations include right shoulder surgical intervention with post-operative physical therapy, medical clearance, and follow up in two weeks. Utilization Review denied a request for physical therapy on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Therapy (unspecified) dos 5/5/15 & 5/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 60 year old patient complains of pain in right elbow, rated at 8/10; left knee; right shoulder, rated at 8/10; lumbar spine; and cervical spine; as per progress report dated 08/18/15. The request is for retrospective therapy (unspecified) DOS 5/5/15 & 5/6/15. There is no RFA for this case, and the patient's date of injury is 01/19/15. Diagnoses, as per progress report dated 08/18/15, included lateral epicondylitis, cubital tunnel syndrome, cervicgia, lumbago, shoulder joint derangement, internal derangement knee s/p surgery, lumbar disc disorder, and cervical spinal stenosis. The patient is scheduled for a shoulder surgery, as per report dated 09/15/15 (after the UR denial letter). The patient is off work, as per progress report dated 08/18/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has 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 request is for retrospective therapy that was performed on 05/05/15 and 05/06/15. None of the progress reports discuss these two sessions. There is no documentation of the type of therapy provided, the body parts addressed, the need, and the efficacy of the therapy sessions. MTUS allows for 8-10 sessions of physical therapy in non-operative cases. Additional sessions may be recommended in post-surgical cases. Given the lack of relevant documentation, the request IS NOT medically necessary.