

Case Number:	CM15-0029951		
Date Assigned:	02/23/2015	Date of Injury:	01/31/2014
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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 49 year old male, who sustained a work related injury on 1/31/14. The diagnoses have included left shoulder adhesive capsulitis, left bicep repair, left extremity paresthasias, left elbow stiffness, left hand carpal tunnel and cubital tunnel syndrome, and left elbow surgery. Treatments to date have included left elbow surgery, left elbow brace, CT scan left elbow, x-rays left elbow, physical therapy and occupational therapy. In the PR-2 dated 1/14/15, the injured worker complains of residual numbness over whole left arm. He states that the numbness over the ulnar distribution is improved. He states the sensation in left hand to mid forearm has returned. He has regained the function of making a full grip with left hand. He feels his left elbow is much better with 20% recovery. On 1/26/15, Utilization Review non-certified a request for 12 sessions of additional physical therapy to left shoulder 2 x 6. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/26/15, Utilization Review modified a request for 12 sessions of additional post operative occupational therapy to left elbow 2 x 6 to 2 sessions of additional post operative occupational therapy to left elbow. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of additional Physical Therapy to left shoulder 2x6 weeks: Upheld

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

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

Decision rationale: The patient presents with pain in the left shoulder. The request is for 12 SESSIONS OF ADDITIONAL PT FOR SHOULDER 2 X 6 WEEKS. Patient has had unspecified sessions of physical therapy. Patient's diagnosis, per 02/11/15 progress report include left shoulder adhesive capsulitis, s/p left redo biceps repair by Kaiser physician with G4 suture anchor in radial head, left upper extremity paresthesias and muscle loss, left elbow stiffness. The date of surgery is not mentioned and the current request is unlikely in the post-operative time-frame. Per 01/22/15 progress report, patient's medications include Anaprox, Protonix and Tylenol. Patient is temporarily totally disabled. MTUS 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."The treater has not provided reason for the request. According to the 01/26/15 UR letter patient had completed 6 physical therapy to date. The request for additional 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.

12 sessions of additional post operative Occupational Therapy to left elbow 2x6 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient presents with pain in the left shoulder and left elbow. The request is for 12 SESSIONS OF ADDITIONAL POST OP OT TO L ELBOW 2 X 6 WEEKS. Patient is status post left elbow open anterior and posterior capsulectomy, ulnar nerve transposition, lateral antebrachial nerve neurolysis and biceps tendon exploration 10/24/14. Physical examination to the left elbow on 02/11/15 revealed tenderness to palpation over extensor muscles. Patient has had unspecified sessions of physical therapy. Patient's diagnosis, per 02/11/15 progress report include left shoulder adhesive capsulitis, s/p left redo biceps repair by [REDACTED] with G4 suture anchor in radial head, left upper extremity paresthesias and muscle loss, left elbow stiffness, left elbow carpal tunnel and cubital tunnel syndrome, left arm possible CRPS, s/p left elbow open anterior and posterior capsulectomy, ulnar nerve transposition, lateral antebrachial nerve neurolysis and biceps tendon exploration 10/24/14 and right elbow lateral epicondylitis. Per 01/22/15 progress report, patient's medications include Anaprox, Protonix and Tylenol. Patient is temporarily totally disabled. Given the surgery date

10/24/14, the request still within post-operative time frame. Per MTUS post-op therapy guidelines: "Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months" Treater has not provided reason for the request but the patient is post-operative from Ulnar nerve transposition. According to UR letter, the patient already completed 18 sessions of post-op therapy and the treater does not discuss how many the patient has had and no therapy reports are available discussing how the patient is doing. The current request of 12 sessions combined with 18 already received would exceed what is allowed by MTUS for this type of surgery. The request IS NOT medically necessary.