

Case Number:	CM15-0211291		
Date Assigned:	10/30/2015	Date of Injury:	12/18/2012
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female who sustained an industrial injury on 12-18-2012. According to a progress report dated 09-17-2015, the injured worker reported that since her last visit, she had increased pain in the right shoulder, elbow and wrist. She also reported burning pain in the right elbow. On 03-03-2014, she underwent right elbow lateral epicondyle release. She reported that this resolved the pain in the right elbow with gripping objects. She had completed 16 sessions of physical therapy. Current medications included Ibuprofen. Current pain intensity was rated 7 out of 10. Pain traveled to her right wrist and was a stabbing pain. She reported occasional pain in the right wrist rated 6 out of 10. There was tenderness to palpation of the deltoid and subacromial space. Range of motion of the right shoulder was decreased with flexion, abduction and internal rotation. Neer testing was positive. Strength was 5 minus out of 5 in internal and external rotators, biceps and deltoid. There was mild swelling of the lateral elbow. There was tenderness to palpation of the lateral epicondyle and common extensor tendon. Examination of the right hand and wrist demonstrated tenderness to palpation over the extensor tendons. Diagnoses included right lateral epicondylitis status post release on 03-03-2014, right wrist ganglion cyst and right shoulder mild impingement syndrome. The treatment plan included 8 visits of physical therapy of the right upper extremity to decrease pain and increase activity level, MRI of the right shoulder due to shoulder complaints and clinical findings consistent with impingement syndrome and a follow-up in 8 weeks. Disability status was noted as permanent and stationary. On 10-01-2015, Utilization Review modified the request for physical therapy x 8 visits for the right upper extremity and non-certified the request for

MRI of the right shoulder. The request for a follow up visit was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits for the right upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for right upper extremity pain. She has a history of a right lateral epicondyle release in March 2014 followed by 16 sessions of postoperative physical therapy. When seen, she was having increased pain. Complaints included right shoulder pain increased with lifting. Pain was rated at 6-7/10. Physical examination findings included decreased shoulder range of motion with tenderness and positive impingement testing. There was decreased shoulder strength. There was mild lateral elbow swelling with normal range of motion. She had right elbow and wrist tenderness. Authorization was requested for eight sessions of physical therapy and an MRI of the right shoulder. An x-ray of the shoulder in August 2015 was negative. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for right upper extremity pain. She has a history of a right lateral epicondyle release in March 2014 followed by 16 sessions of postoperative physical therapy. When seen, she was having increased pain. Complaints included right shoulder pain increased with lifting. Pain was

rated at 6-7/10. Physical examination findings included decreased shoulder range of motion with tenderness and positive impingement testing. There was decreased shoulder strength. There was mild lateral elbow swelling with normal range of motion. She had right elbow and wrist tenderness. Authorization was requested for eight sessions of physical therapy and an MRI of the right shoulder. An x-ray of the shoulder in August 2015 was negative. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial-and full-thickness rotator cuff tears. Applicable indications for obtaining an MRI of the shoulder are trauma where there is a suspected rotator cuff tear/impingement with normal x-rays. In this case, the claimant has findings of rotator cuff impingement with recent negative plain film x-rays. Her injury was more than 3 years ago and she has had conservative treatments. An MRI has been previously requested when seen for an orthopedic evaluation in August 2014 and she has persistent symptoms and clinical findings. The requested shoulder MRI is medically necessary.