

Case Number:	CM15-0219271		
Date Assigned:	11/12/2015	Date of Injury:	09/06/2013
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 male who sustained an industrial injury on 9-6-13. A review of the medical records made available indicates that the worker is undergoing treatment for status post right shoulder arthroscopy with subacromial decompression, right cubital tunnel syndrome, right carpal tunnel syndrome, and cervical spine discogenic pain with radiculopathy. Subjective complaints (7-14-15) include continued pain in the right shoulder, right elbow, and right hand, numbness to all fingers and weakness to the right arm, and pain on the right side of the neck. The worker reports he is not interested in surgical treatment for the right carpal tunnel and cubital tunnel at this time. The worker reports (9-8-15) pain has gotten worse, has difficulty sleeping, and that reaching, pulling, and pushing also increases his pain. Objective findings (7-14-15) include midline and right paraspinal tenderness to the cervical spine. The range of motion of the cervical spine is 15 degrees of flexion, 25 degrees of extension, 15 degrees of tilt to the right, 20 degrees of tilt to the left, 45 degrees of rotation to the right and 40 degrees of rotation to the left. Right shoulder range of motion is 150 degrees of flexion, 20 degrees of extension, 140 degrees of abduction, 200 degrees of adduction, 90 degrees of external rotation, and 20 degrees of internal rotation and there is no shoulder instability. The right elbow and wrist show positive Tinel's over the cubital tunnel, positive elbow flexion test, and positive Tinel's over the carpal tunnel with positive median nerve compression test. Grip strength is decreased in the median nerve and ulnar nerve distributions, grade 4 out of 5. The physician reports (9-8-15) there is decreased range of motion of the right shoulder, diminished grip strength on the right arm and sensation is diminished in the median nerve and ulnar nerve distributions. A (7-14-15) permanent

and stationary report notes future medical care should include physician office visits, prescribed and/or over the counter medication, short course of physical therapy, acupuncture treatment, chiropractic treatment for exacerbation of symptomatology, repeat diagnostic testing and provision for epidural injections (cervical spine) and surgical treatment in the form of right cubital tunnel release and right carpal tunnel release should be left open as a part of future medical care. The physician notes (9-8-15) the worker was placed on permanent and stationary status but because of the symptom exacerbation, it would be reasonable to place him back on short term temporary disability with a treatment plan to wear the brace and rest the right upper extremity. Previous treatment noted includes medication, a functional capacity evaluation, and bracing. The requested treatment of physical therapy 2x6 for the right upper extremity was denied on 10-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 RUE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Guidelines allow for 24 PT sessions post op for this condition. In this case, it is not documented how many therapy sessions this claimant has had. There is no documentation of why the patient cannot perform rehabilitation with a home exercise program. The request for PT 2 x 6 right upper extremity is not medically necessary.