

Case Number:	CM15-0037157		
Date Assigned:	03/05/2015	Date of Injury:	03/11/2013
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 33-year-old female, who sustained an industrial injury on 3/11/2013. She has reported injury to right arm, including shoulder, elbow and wrist. The diagnoses have included carpal tunnel syndrome. She is status post right cubital tunnel release in June 2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, three steroid injections to right elbow with minimal relief, and authorization for a work release program. Currently, the IW complains of right shoulder pain, right elbow pain and right wrist pain. The physical examination from 12/11/14 documented right shoulder pain with Range of Motion (ROM), tenderness over the biceps tendon, a positive Neer's test and 4/5 strength. There was decreased sensation noted around C7-8 distribution. There was tenderness of the right elbow with positive Tinel's, Phalen's and Finklestein's tests. The diagnoses included right shoulder impingement and bursitis, right cubital tunnel syndrome and right carpal tunnel syndrome, status post cubital tunnel release. The plan of care included obtaining Magnetic Resonance Imaging (MRI) of right shoulder, elbow and wrist, noted to not have been done prior to that date, and physical therapy for the shoulder. On 2/27/2015, the injured worker submitted an application for IMR for review of eight (8) physical therapy sessions, twice a week for four weeks, for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy 2x4 Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99.

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

Decision rationale: The 33-year-old patient complains of pain in right shoulder, right elbow, and right wrist/pain, as per progress report dated 12/11/14. The request is for RIGHT SHOULDER PHYSICAL THERAPY 2 x 4 QTY 8.00. The RFA for the case is dated 12/11/14, and the patient's date of injury is 03/11/13. The patient is status post cubital tunnel release on 06/25/14, as per progress report dated 12/11/14. Diagnoses also included right shoulder bursitis and impingement, and right carpal tunnel syndrome. The patient is not working, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already received 12 sessions of physical therapy "which improved the patient's strength," as per progress report dated 12/11/14. The treating physician is requesting for 8 additional sessions for the right shoulder. MTUS, however, recommends only 8-10 sessions of PT in non-operative cases. Hence, the request IS NOT medically necessary.