

Case Number:	CM15-0038185		
Date Assigned:	03/06/2015	Date of Injury:	08/16/2013
Decision Date:	05/08/2015	UR Denial Date:	01/21/2015
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, Arizona
 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 37-year-old female who reported an injury on 08/16/2013. The mechanism of injury was not stated. The current diagnoses include bursitis and tendinitis of the right shoulder, radiohumeral sprain, carpal sprain, and rule out carpal tunnel syndrome. The latest physician progress report submitted for review is documented on 02/12/2015. The injured worker presented for a follow-up evaluation with complaints of ongoing pain in the right upper extremity. Upon examination of the cervical spine, there was 1+ spasm and tenderness from C2-7 with positive shoulder depression tests. The examination of the shoulders revealed 3+ spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles, a positive Speed's test, a positive supraspinatus test, and a positive apprehension test. The examination of the elbows also revealed 2+ spasm with tenderness at the right lateral epicondyle and positive Cozen and varus testing. There was decreased sensation in the C3-5 dermatomes with 3+ spasm in the right anterior wrist and right posterior extensor tendons. The Tinel's sign and bracelet sign were positive on the right. Recommendations included 6 sessions of acupuncture. It was noted that the injured worker had completed 10 sessions of a work hardening program. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with range of motion measurement and addressing ADLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It is unclear whether the injured worker has participated in range of motion exercises. There is no documentation of a previous course of physical therapy. The request as submitted does not specify the specific type of follow-up visits being requested. Given the above, the request is not medically appropriate.