

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0046692 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 12/02/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 37 year old female, who sustained an industrial injury on 12/02/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having right elbow lateral epicondylitis, right shoulder sprain, right ulnar neuropathy with subluxation at the cubital tunnel, right elbow and shoulder post-operative capsulitis, and right shoulder subacromial impingement syndrome. Treatment to date has included surgical (right shoulder arthroscopic subacromial decompression, extensive glenohumeral debridement, distal clavicle excision, biceps tendinosis; right elbow extensive arthroscopic debridement, open tennis elbow release with repair, anterior ulnar nerve transposition, subcutaneous on 10/09/2012) and conservative measures, including diagnostics, medications, and physical therapy (notes not included). Currently, the injured worker complains of right shoulder pain, rated 2/10. She was improved slightly since the last visit, had not had physical therapy in 2 weeks, and reported improved range of motion. Current medications included Tramadol, Naproxen, and Norco. Arthroscopy incisions were well healed. Exam of the right shoulder noted tenderness to palpation along the subdeltoid bursa and biceps tendon. Exam of the left shoulder noted tenderness to palpation of the biceps tendon. Range of motion was decreased in bilateral shoulders, right greater than left. Motor strength was intact and impingement sign was positive bilaterally. Exam of the elbows noted a well healed incision on the right, tenderness at the right lateral epicondyle, and restricted range of motion. X-rays of the right shoulder were referenced. The treatment plan included continued physical therapy, to address bilateral shoulder pain and weakness, twice weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of physical therapy for 12 sessions (2 times 6) to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The 37 year old patient complains of numbness in right shoulder, right thumb and index fingers along with limited range of motion, as per progress report dated 01/02/15. The request is for CONTINUATION OF PHYSICAL THERAPY FOR 12 SESSIONS (2 TIMES 6) TO RIGHT SHOULDER. The RFA for this case is dated 02/10/15, and the patient's date of injury is 12/02/10. The patient is status post is right shoulder arthroscopic subacromial decompression, extensive glenohumeral debridement, distal clavicle excision, biceps tenodesis, right elbow extensive arthroscopic debridement, open tennis elbow release with repair, anterior ulnar nerve transposition, subcutaneous, done on 10/09/12. Diagnoses included right shoulder strain, right elbow lateral epicondylitis, right ulnar neuropathy with subluxation at the cubital tunnel, right shoulder subacromial impingement syndrome, and shoulder arthralgia. The patient is working modified duties, 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, a request for 12 sessions of PT for ROM and strengthening is first noted in progress report dated 01/27/14. In progress report dated 07/29/14, the treating physician wants the patient to continue PT as she is losing Rom and I feel that physical therapy will be very beneficial. Request for PT is noted in progress reports dated 10/30/14 and 01/02/15 as well. While it is evident that the patient has had PT in the past, the physician does not document the number of sessions completed. There is no discussion regarding efficacy of PT. The UR denial letter, nonetheless, states that the patient has completed 32 sessions of PT. The request of 12 additional sessions, therefore, exceeds MTUS recommendation and IS NOT medically necessary.