

Case Number:	CM15-0085297		
Date Assigned:	05/08/2015	Date of Injury:	05/25/2012
Decision Date:	06/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/04/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 66 year old female who sustained an industrial injury on 5/25/12 when she attempted to prevent a student from falling on the ground the entire student's weight was directed to her right shoulder. She felt a pop in her right shoulder and noted signs of swelling following the incident. By the end of her shift, she noted pain and swelling. She had x-rays and was provided medication. She was to return to work with restrictions. The following day the pain increased significantly and she underwent an MRI of the right shoulder (6/6/12) showing abnormalities. She was referred to an orthopedic specialist who considered her increased pain and abnormal MRI and recommended a right shoulder replacement, which was done 12/4/12. Of note, on 1/13/14 the injured worker was involved in a non-industrial motor vehicle accident where she was rear-ended causing injury to her neck, bilateral shoulders and mid back. She currently (2/6/15) complains of right elbow pain, numbness, ulnar nerve mediated. Her fingers are numb. On physical exam of her right elbow, her ulnar nerve does sublux, she has a Tinel at the cubital tunnel, and she has arthritis. Medications are Robaxin, Tylenol with Codeine, Naprosyn and gabapentin. Diagnosis is right elbow ulnar nerve inflammation; carpal tunnel syndrome; cubital tunnel syndrome; status post reverse total shoulder arthroplasty and extensive open synovectomy with removal of large loose bodies, anterior and posterior (12/4/12); posttraumatic cervical spine sprain/ strain; radicular complaints. Treatments to date include Heelbo which does help, medication, physical therapy twice per week for three month which provided little to no benefit, chiropractic sessions (under the non-industrial accident) with temporary pain reduction, home exercises. Diagnostic include electromyography (2/13/14)

showing latency of right median nerve fiber, decreased conduction of ulnar nerve across the elbow; shoulder x-rays show an Encore reverse total shoulder arthroplasty; MRI of the cervical spine (4/18/14) showing disc desiccation, disc protrusion. In the progress note dated 2/6/15 the treating providers of care includes physical therapy. The application also notes consideration of Vascutherm cold therapy unit 14 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2 x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: MTUS guidelines support 1-2 visits for exercise instruction for home based program. The medical records indicate pain and indicate specific goals of 2 therapy sessions in regard to functional benefit to be gained. As such, the medical records do support 2 PT visits congruent with MTUS.