

Case Number:	CM14-0172843		
Date Assigned:	10/23/2014	Date of Injury:	06/26/2014
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 44 year old female who sustained a work injury on 6-26-14. On this date, the claimant was pushing a rack of dishes into the dishwasher when the right elbow struck the counter. X-rays of the right elbow on 7-8-14 was normal. The claimant had a physical therapy evaluation on 7-15-14. Office visit on 7-18-14 notes the claimant has neck, right shoulder and right elbow pain. Physical exam showed cervical tenderness with trigger points, decreased range of motion of the shoulder and tenderness along the medial and lateral epicondylar region of the right elbow. Diagnosis included cervical strain, right and left shoulder strain, right elbow strain. The claimant had one session of physical therapy. Follow-up on 8-19-14 notes the claimant has moderate to severe pain in bilateral upper extremities, neck pain. The claimant presented almost in tears. The claimant was placed on temporary total disability. She had not had any diagnostic testing and only had one physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for the cervical spine, bilateral shoulders and upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back; Shoulder; Forearm, Wrist and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical and shoulder chapters - physical therapy

Decision rationale: ODG notes that for the diagnosis of cervical strain/sprain and shoulder strain/sprain, up to 10 physical therapy sessions is supported. Based on the records provided, the request for Twelve (12) Physical therapy sessions for the cervical spine, bilateral shoulders and upper extremities are not medically necessary and appropriate, as it exceeds current treatment guidelines recommendations.

X-ray of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: ACOEM notes that X-ray is the initial diagnostic test, particularly to help identify the presence and extent of any additional, especially treatable, conditions that might be contributing to the shoulder joint pain. X-rays are useful to rule out fracture in trauma cases where there may also be a rotator cuff tear. There is an absence in documentation to support the presence of a fracture or any bony pathology per her mechanism of injury of physical exam findings. Therefore, the request for X-ray of the right shoulder is not medically necessary and appropriate.