

Case Number:	CM14-0091684		
Date Assigned:	07/25/2014	Date of Injury:	11/21/2012
Decision Date:	09/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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:

The injured worker is a 34 year old female who was injured on November 21, 2012. The mechanism of injury is described as cumulative trauma to bilateral wrist and left shoulder while performing routine duties as a food preparer. The current diagnosis is rotator cuff syndrome (726.10). An orthopedic evaluation dated May 20, 2014 recommended repeat right wrist ganglion cyst excision. The evaluation noted the injured worker failed conservative treatment with anti-inflammatories, physical therapy, and aspiration for more than half a year. A prior utilization review determination dated June 12, 2014 resulted in denial of twelve physical therapy sessions for bilateral shoulder and elbows. The medical reviewer documented the injured worker should have transitioned to a home exercise program at this point in her care as there was no evidence of significant objective functional gain or improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Bilateral Shoulders/elbows 2x6 (12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition(Revised 2007) Chapter 10 Official Disability Guidelines: Shoulder Chapter; Elbow Chapter Physical therapy subheading.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Elbow.

Decision rationale: Given the Date of injury in 2012 and subsequent multiple sessions of monitored physical therapy, the claimant should be able to pursue a self-directed home exercise program and do just as well. Continued monitored physical therapy with a therapist for 2x6 will only encourage therapist dependence. The request remains not medically necessary.