

Case Number:	CM15-0118894		
Date Assigned:	07/07/2015	Date of Injury:	09/01/2011
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female, who sustained an industrial injury on 9/1/11. The injured worker has complaints of neck pain radiating into the upper extremity. Examination revealed full range of motion left shoulder with pain upon extremes of abduction and external rotation and had mild tenderness at the scapholunate interval with possible cystic mass. The diagnoses have included lesion of ulnar nerve; cervical strain and left shoulder impingement. Treatment to date has included status post left wrist and cubital tunnel surgery; electrodiagnostic on 3/16/15 impression showed normal study; topical non-steroidal anti-inflammatory drugs (NSAIDs) and Flexeril. The request was for 12 physical therapy sessions with posture re- education and left shoulder surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT Sessions with Posture Re-Education: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2011. There was neck pain radiating into the upper extremity. There was however full range of motion of the left shoulder with pain upon extreme abduction and external rotation. The diagnoses were lesions of the ulnar nerve; cervical strain and left shoulder impingement. Treatment included left wrist and cubital tunnel surgery; electrodiagnostic studies on 3/16/15, which was normal, topical non-steroidal anti-inflammatory drugs (NSAIDs) and Flexeril. The request is for more skilled therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:-Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. The outcomes of prior therapy in the past four years since the injury are not noted. The status of the home program, and why that could not address any current rehabilitative needs, is not addressed. Also, it is not clear why a program focused on posture is essential. This request for skilled, monitored therapy was appropriately not medically necessary.

Left Shoulder Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: As shared, this claimant was injured in 2011. There was neck pain radiating into the upper extremity. There was full range of motion left shoulder with pain upon extremes of abduction and external rotation. The diagnoses have included lesion of ulnar nerve; cervical strain and left shoulder impingement. Treatment to date has included status post left wrist and cubital tunnel surgery; electrodiagnostic on 3/16/15 impression showed normal study; topical non-steroidal anti-inflammatory drugs (NSAIDs) and Flexeril. A surgery consult is requested. Per the ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the

examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. With full range of motion of the left shoulder, with pain only on extremes of abduction and external rotation, it is difficult to say there is an actionable surgical lesion. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.