MAXIMUS Federal Services

Case Number:	CM15-0178442		
Date Assigned:	09/18/2015	Date of Injury:	11/12/2010
Decision Date:	10/22/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female who sustained an industrial injury on 11-12-10. The impression is noted as status post left lateral and medial epicondylectomy, ulnar nerve decompression and submuscular transposition of the ulnar nerve, left shoulder partial supraspinatus tear, and left shoulder biceps tenosynovitis. In a progress report dated 8-10-15, the treating physician notes the injured worker is seven and a half months status post left lateral and medial epicondylectomy, ulnar nerve decompression and submuscular transposition of the ulnar nerve. Two and a half months ago, she had a Cortisone injection to the left shoulder subacromial space and biceps tendon with temporary relief. It is reported that she has improved with therapy. Complaints are of left elbow pain rated 2 out of 5 and left shoulder pain rated 2 out of 5. She notes numbness and tingling improved in the left ring and little fingers since surgery. Incisions are well healed with slight swelling and tenderness. There is tenderness over the anterolateral acromion increased with forearm elevation with a positive impingement sign, but no tenderness over the rotator cuff. There is weakness of external rotation. There is tenderness over the biceps tendon with a positive Yergason's sign and Speed's tests. Work status is temporary partial disability with opposite hand work only. The treatment plan is to continue physical therapy 2 times a week for 4 weeks for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening, progressing to a home exercise program, Heelbo sleeve as needed, continue Voltaren Gel 1% as needed, and MRI of left shoulder. The requested treatment of additional physical therapy 2 times a week for 4 weeks -left shoulder was modified to physical therapy x4 sessions -left shoulder on 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 times a week for 4 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for neck pain with upper extremity radiating symptoms. Treatments include more than 30 therapy sessions from February 2015 through July 2015 after a left medial and lateral epicondylectomy and ulnar nerve transposition in December 2014. Treatments for left shoulder impingement syndrome and biceps tendinitis were provided with completion of 9 sessions as of 07/31/15. When seen, she was having left shoulder and elbow pain. There had been improvement after s shoulder and biceps tendon injection 2.5 months before. Physical examination findings included anterolateral left shoulder tenderness with positive impingement testing. There was shoulder weakness. There was biceps tendon tenderness with positive Yergason's test. Additional physical therapy for the shoulder was requested. In terms of physical therapy for the claimant's shoulder condition, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. The request is not medically necessary.