

Case Number:	CM15-0096300		
Date Assigned:	05/26/2015	Date of Injury:	01/31/2014
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 49 year old male, who sustained an industrial injury on 1/31/14. He reported initial complaints of left shoulder. The injured worker was diagnosed as having left shoulder adhesive capsulitis; status post left redo biceps tendon repair; left elbow arthrotomy, posterior capsulotomy, ulnar nerve transposition, lateral nerve neurolysis, biceps tendon exploration (10/2/14); possible complex regional pain syndrome (CRPS) left arm; left hand carpal/cubital tunnel syndrome; right lateral epicondylitis. Treatment to date has included physical therapy; occupational therapy; right elbow injections; urine drug screening; medications. Diagnostics included left shoulder x-rays (6/6/14). Currently, the PR-2 notes dated 3/11/15 indicated the injured worker is a status post left elbow open anterior/posterior capsulotomy, ulnar nerve transposition, lateral antebrachial nerve neurolysis and biceps tendon exploration on of 10/2/14. Overall the provider notes, the injured worker is doing well. He feels much better than before his surgery as the sharp pain in his fingers is no longer there. He does have residual numbness over the whole left arm but that was there before the surgery. He indicates the numbness over the ulnar distribution is better. He has pain with Percocet and would like it to be a higher strength. He has sensation in his left hand to mid forearm and has gained function making a full grip. He would like to see pain management for the pain. He complains of a "small meat like item hanging out of his incision site" and is worried it is infected. The provider does not mention this in examination. He is still waiting on his right elbow counterforce brace and physical therapy. He was approved for pain management and has obtained a JAS brace and is overall doing better. X-rays were reviewed from 6/6/14, 6/13/14 and 10/8/14 of the left

shoulder, left elbow. Urine drug screening was performed and negative for controlled substances. (3/11/15). Per examination, the provider notes the right lateral epicondylitis is worsening and his left shoulder adhesive capsulitis is returning. The provider is requesting physical therapy two times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. 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 Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent surgery in October 2014. He underwent an ulnar nerve transposition with elbow capsulectomy, biceps tendon exploration, and lateral antebrachial cutaneous nerve neurolysis. He has undergone extensive therapy treatments both before and after surgery. When seen, he had residual numbness, had been an overall improvement since the surgery. He was having right elbow and left shoulder pain. Physical examination findings included decreased range of motion and strength. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish or revise a home exercise program. Additionally, the claimant has already had extensive physical therapy and compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is therefore not medically necessary. The request is not medically necessary.