

Case Number:	CM13-0002696		
Date Assigned:	11/20/2013	Date of Injury:	02/06/1998
Decision Date:	04/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/23/2013

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 Occupational Medicine, and is licensed to practice in California. 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 Physician 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 patient is an employee of the [REDACTED] and has filed a claim for left medial elbow epicondylitis and left shoulder impingement syndrome associated with an industrial injury on February 6, 1998. Treatment to date has included physical therapy x12, nerve block and steroid injections to the left shoulder, analgesic medications, and topical compound medications. A utilization review decision from July 16, 2013 modified the appeal for physical therapy 2 x 6 weeks for the left shoulder and left elbow. Medical records were reviewed from 2012 to 2013 showing the patient attending physical therapy sessions, which were noted to help. The June 13, 2013 progress note indicated that the patient has tenderness over the left medial elbow with swelling and pain on resisted wrist flexion. There is also tenderness over the anterior left shoulder with a positive impingement sign. MRI report done on August 21, 2013 showed consistent findings of a partial tear of the extensor aponeurosis of the left elbow and severe calcific tendinitis with no evidence of a rotator cuff tear for the left shoulder. The patient had received two sessions of physical therapy following the shoulder injection from June 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWICE A WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER AND LEFT ELBOW. RX DATE 6/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines recommend a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there were no specific functional improvements such as improved ADLs or increased physical capacity from the previous physical therapy sessions although they were described to have helped. The employee's functional limitations were not clearly established during the initial prescription of the physical therapy regimen. The evaluation from the previous physical therapy sessions in February 2013 reported the employee's symptoms were relatively unchanged. Therefore, the request is not medically necessary as it does not meet guidelines recommendations on pages 98-99, requiring evidence of functional improvement and limitations for a specific physical medicine regimen.