

Case Number:	CM13-0046719		
Date Assigned:	04/25/2014	Date of Injury:	04/13/2008
Decision Date:	06/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 patient is a 65 year old male who was injured on 4/13/08 due to cumulative trauma. Prior treatment history has included right rotator cuff repair on 6/30/08. He underwent carpal tunnel and cubital tunnel release on 3/16/09. An MRI of the right shoulder demonstrated a rotator cuff tear. An orthopedic consultation dated 10/3/13 documented that the patient with complaints of left shoulder pain located in the lateral deltoid area, aggravated by abduction, overhead use, and reaching. He also complains of left elbow pain and points to the triceps insertion on the olecranon posteriorly. He is currently off work. He denies any other prior history of elbow or shoulder problems. Objective findings on exam show the patient's affect to be slightly depressed. The shoulders are symmetrical without atrophy. The left shoulder has a prominent but non-tender AC joint. There is no tenderness at the bicipital groove or greater tuberosity. The left shoulder range of motion is 170/90/80. There is no rotator cuff weakness, but he has pain with abduction strength testing. The impingement sign is positive. Motor and sensory exams are normal. The left elbow range of motion is 0-140 degrees. He has full supination and pronation. There is no obvious swelling or deformity. There is no tenderness over the medial epicondyle or olecranon process. He has tenderness over the lateral epicondyle but no pain with resisted wrist extension. The left elbow x-rays are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT ELBOW:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acoempracguides.com/Elbow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As per the California MTUS guidelines, physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. As per the Official Disability Guidelines, physical therapy is recommended for elbow sprains and strains, lateral/medial epicondylitis, and enthesopathy of elbow region. The treatment plan would be 8-9 visits over 5-8 weeks according to the diagnosis. The medical records document a normally moving elbow with tenderness over the lateral epicondyle, and no sensory impairment. The available records do not include an elbow-focusing MRI to confirm any pathology at the left elbow region. Even if the diagnosis of tendonitis is considered, the requested physical therapy sessions exceed the guidelines' recommendation. As such, the request is not medically necessary.