

<b>Case Number:</b>	CM13-0068936		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 injured worker is a 60-year-old male who reported an injury on 07/18/2012. The mechanism of injury was not provided. On 02/27/2014, the injured worker presented with pain to the left shoulder. He also reported numbness to the left elbow and left wrist that radiated to the left little and ring finger. Upon examination, the left elbow range of motion revealed 143 degrees of flexion, -22 degrees of extension, 85 degrees of pronation, and 80 degrees of supination. There was minimal tenderness to the lateral side of the elbow and lateral epicondyle and common extensor tendon. There was a positive Tinel's sign and moderate to severe weakness to the cubital tunnel. The diagnoses were left shoulder subacromial impingement syndrome, grade I open left elbow olecranon and coronoid process, history of cervical and lumbar injuries and depression. Prior therapy included surgery, physical therapy, and medications. The provider recommended postoperative physical therapy 2 times a week for 6 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy (2) times a week for six (6) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The request for postoperative physical therapy two (2) times a week for six (6) weeks is not medically necessary. The California MTUS Guidelines state postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific therapy. The guidelines recommend 20 visits over 2 months with the treatment period of 4 months. The injured worker underwent a removal of retained hardware from the left proximal ulna on 01/06/2014, the provider's request for physical therapy exceeds guideline recommendation of a 4 month treatment period. Additionally, the injured worker stated that previously authorized therapy helped, and that he can complete physical therapy on his own after the authorized treatment period. There are no significant barriers to transition the injured worker to an independent home exercise program, especially if the injured worker is eager to do so. Additionally, the provider's request for physical therapy did not indicate the site that the therapy is intended for in the request as submitted. As such, the request is not medically necessary.