

Case Number:	CM14-0101445		
Date Assigned:	09/16/2014	Date of Injury:	01/21/2011
Decision Date:	11/07/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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:

According to the records made available for review, this is a 60-year-old male with a 1/21/11 date of injury. At the time (5/15/14) of the request for authorization for physical therapy twice a week for six weeks for the lumbar, right elbow, right shoulder, there is documentation of subjective (right shoulder pain radiating into his neck and head, constant right elbow pain, and right hip and low back pain) and objective (decreased right shoulder range of motion, impingement positive right, decreased right elbow range of motion, very tender at the radiocapitellar joint, hypersensitivity at posterior elbow and lateral elbow, prior radial head replacement, weakness of thenar musculature, decreased lumbar spine range of motion) findings. The current diagnoses are posttraumatic arthritis of the left elbow status post fracture dislocation with radial head prosthesis and lateral ulnar collateral ligament reconstruction, right elbow degenerative joint disease, right lateral epicondylitis, carpal tunnel syndrome, joint pain shoulder, lumbar herniated nucleus pulposus, lumbar/lumbosacral disc degeneration, lumbago, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, and fracture radial head closed. The treatment to date includes medication.

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 lumbar, right elbow, right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Elbow, and Shoulder Chapters; Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks, 8 visits over 5 weeks for a diagnosis of epicondylitis, and 10 visits over 8 weeks for shoulder sprains. Official Disability Guidelines also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of posttraumatic arthritis of the left elbow status post fracture dislocation with radial head prosthesis and lateral ulnar collateral ligament reconstruction, right elbow degenerative joint disease, right lateral epicondylitis, carpal tunnel syndrome, joint pain shoulder, lumbar herniated nucleus pulposus, lumbar/lumbosacral disc degeneration, lumbago, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, and fracture radial head closed. However, the requested physical therapy twice a week for six weeks for the lumbar, right elbow, right shoulder exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy twice a week for six weeks for the lumbar, right elbow, right shoulder is not medically necessary.