

Case Number:	CM14-0123331		
Date Assigned:	08/08/2014	Date of Injury:	01/17/2013
Decision Date:	09/15/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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:

The injured worker is a 53-year-old male who reported an injury on 01/17/2013 caused by an unspecified mechanism. The injured worker's treatment history included surgery, physical therapy, and medications. . The physical therapy progress note dated 05/28/2014 it was documented the injured worker reported continued increased exercise tolerance and ability to use his right arm for activities of daily living below shoulder level. Continue with pain reaching behind back. The assessment was noted improved. The patient had home program. The provider noted the injured worker had a paraffin bath trial number 1 on right elbow for 15 minutes x3 dips. The injured worker tolerated it well. Pain was decreased to 4/10. Muscles were more relaxed and there was slight increased range of motion. The injured worker was evaluated on 07/21/2014 and it was documented the injured worker complained of elbow pain rated at 7/10. The pain was described as constant, deep, sharp pain, worse with activity. The provider noted the pain occasionally radiates to the right forearm or right shoulder with shooting/numbness/tingling. The provider noted the injured worker wears a tennis elbow band at work. The injured worker had undergone surgery back in 09/2013. Shoulder pain bilaterally, right greater than left, was a 5/10. The pain was described as intermittent/dull, worse with activity; however, there was no radiation, numbness, or tingling. The right elbow had tenderness to palpation. Diagnoses included epicondylitis right elbow, lateral, status postsurgical, and osteoarthritis, other specified sites bilateral shoulder. The treatment plan included ice therapy, stretches, and TENS unit for pain control. Medications included Aleve over the counter. The physical therapy progress note dated 05/28/2014 it was documented the injured worker reported continued increased exercise tolerance and ability to use his right arm for activities of daily living below shoulder level. Continue with pain reaching behind back. The assessment was

noted improved. The Request for Authorization dated 07/21/2014 was for physical therapy x6 visits for the right elbow lateral, and the rationale was for continuous pain flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 visits (right elbow lateral): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. The provider failed to indicate long term functional goals and outcome measurements of home exercise regimen. Given the above, the request for physical therapy X 6 for the right elbow lateral is not medically necessary.