

Case Number:	CM14-0131829		
Date Assigned:	08/20/2014	Date of Injury:	06/30/2010
Decision Date:	09/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 has a subspecialty in Interventional Spine 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 58 years old female with an injury date on 06/30/2010. Based on the 07/15/2014 progress report provided by [REDACTED], the diagnoses are 1. Sprain shoulder. 2. Lateral epicondylitis 3. Rotator cuff syndrome NOS. According to this report, the patient complains of S/P right shoulder pain and right elbow pain. Physical exam was not included in the report. The 06/03/2014 report indicates the patient is "eight week status post right shoulder arthroscopic surgery with improvement." The patient has severe pain in the right elbow with lifting and torquing. Abduction is 145 degrees and internal rotation is 50 degrees. Tenderness is noted at the lateral epicondyle with restricted range of motion of 10 to 120 degrees. There were no other significant findings noted on this report. The utilization review denied the request on 08/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the right elbow, twice a week for 6 weeks as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 07/15/2014 report by [REDACTED], this patient presents with post-op right shoulder pain. The patient is status post right shoulder arthroscopic, partial tear of the rotator cuff, arthroscopic bursectomy, and arthroscopic Mumford procedure on 04/11/2014. However, the treating physician is requesting 12 sessions of physical therapy for the right elbow pain. The patient appears to have had adequate therapy for shoulder. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no specific therapy for the patient's elbow. A short course may be reasonable but the requested 12 sessions exceed what is allowed by the guidelines therefore, this request is not medically necessary.