

Case Number:	CM14-0155567		
Date Assigned:	09/25/2014	Date of Injury:	07/17/2012
Decision Date:	11/19/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine, 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; MRI imaging of the left shoulder of August 15, 2014, notable for severe tendinopathy and a tear of the subscapularis tendon; MRI imaging of the elbow of April 15, 2014, notable for a mild, extensor and biceps tendinopathy; psychotropic medications; and a functional restoration program. In a September 8, 2014 Utilization Review Report, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of the same. The applicant's attorney subsequently appealed. In a March 31, 2014 progress note, the applicant reported ongoing complaints of low back and hip pain, 7/10. The applicant was apparently using Motrin and Desyrel for pain relief. The applicant did have derivative complaints of depression, it was acknowledged. The applicant was off of work and had been deemed "disabled," it was noted. Permanent work restrictions imposed by a medical-legal evaluator were renewed. On July 2, 2014, the applicant reported ongoing complaints of elbow and shoulder pain. An elbow epicondyle injection was endorsed while the applicant was placed off of work, on total temporary disability. Additional physical therapy was subsequently sought via an August 25, 2014 progress note. On that date, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of elbow and shoulder pain. On August 6, 2014, the applicant was given prescriptions for Motrin, tramadol, and Desyrel for low back pain and asked to pursue epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 4 wks, left shoulder and elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99,8.

Decision rationale: While the eight-session course of treatment is consistent with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, despite having earlier unspecified amounts of physical therapy over the course of the claim. Severe complaints of elbow, shoulder, and back pain persist. The applicant remains dependent on various analgesic and psychotropic medications, including Motrin, tramadol, Xanax, Zoloft, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.