

<b>Case Number:</b>	CM14-0176455		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 diagnosed with chronic elbow epicondylitis and shoulder impingement syndrome. The patient has chronic elbow and shoulder pain. He has used anti-inflammatory medications and still has pain. On physical examination the patient is neurovascularly intact and has normal strength to all 4 extremities. The patient has a normal gait. He also is diagnosed with lumbar degenerative disc condition. He continues to have pain in his shoulders and right elbow. He is taking narcotics. At issue is whether additional physical therapy visits are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right elbow times 6 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter

**Decision rationale:** ODG guidelines recommend up to 3 physical therapy visits contingent upon evidence of objective documented improvement. Further visits aren't contingent upon documented objective evidence of improvement of symptoms. It is unclear how much physical therapy this patient has had for the treatment of elbow epicondylitis. The medical records do not

document adequately previous treatment of the elbow. In addition, 6 visits are excessive without evidence of documented improvement. ODG guidelines do not support 6 physical therapy visits for elbow pain at this time. The request is not medically necessary.

**Physical Therapy for the right Shoulder times 6 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter

**Decision rationale:** ODG guidelines recommend up to 3 physical therapy visits contingent upon evidence of objective documented improvement. Further visits aren't contingent upon documented objective evidence of improvement of symptoms. It is unclear how much physical therapy this patient has had for the treatment of shoulder pain. The medical records do not document adequately previous treatment of the shoulder. In addition, 6 visits are excessive without evidence of documented improvement. ODG guidelines do not support 6 physical therapy visits for shoulder pain at this time. The request is not medically necessary.