

<b>Case Number:</b>	CM14-0034169		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 47year old male with date of injury 12/17/13. The treating physician report dated 1/17/14 indicates that the patient presents with pain affecting the left shoulder and lateral epicondyle. The current diagnoses are a disorder of bursae and tendons in the shoulder region and lateral epicondylitis of elbow. The utilization review report dated 2/28/14 denied the request for physical therapy (PT) 2x6 left shoulder and left elbow based on the rationale that the patient had completed PT previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X6 Left shoulder, left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents with left shoulder and left elbow pain following lifting a large laundry bag overhead. The current request is for physical therapy 2x6 of the left shoulder.

The records provided state that the treating physician on initial evaluation recommended PT 3x4. There are no records provided to indicate the number of PT sessions completed to date or the response to the prior therapy. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The orthopedic report dated 2/24/14 states, "He will require PT at a frequency of 3x4." The physicians requesting treatment have failed to document why this patient's condition requires PT beyond the MTUS guidelines. The orthopedist also states, "In summary, this is tragic as the patient is young and has devastating injuries to the left shoulder, elbow and hand which in my experience, based on the physical examination as well as the subjective complaints and x-rays, he is more than likely going to require surgery for the left shoulder and the left elbow." It is unlikely that further PT will improve this patient's overall function as he appears to be heading towards surgery. Therefore the request is not medically necessary.