

<b>Case Number:</b>	CM14-0060572		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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:

The patient is a 61 year old male who developed chronic upper extremity pain secondary to an injury dated 8/15/2010. He is reported to have had right elbow surgery on 8/12/13 for chronic epicondylitis. He as also had right shoulder surgery due to rotator cuff syndrome with MRI positive diffuse suprasinatus tears. Subsequent to the surgery he has continued right shoulder and right elbow pain. The right elbow pain is associated with radiation of pain into the right hand. Physical therapy notes reveal at least 10 sessions of physical therapy for the shoulder which were provided in late '13. Physical therapy notes document 12 sessions of therapy for the right elbow provided in April and May '14. There was no significant improvement in symptoms. The treating physicians narrative does not document an examination of the elbow. Also no diagnosis is documented other than elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): page(s) 17.

**Decision rationale:** MTUS Post Surgical Treatment Guidelines recommend a post surgical physical therapy window up to 6 months post surgery. The request for physical therapy is 18 months post surgery without medical justification. The lack of a detailed exam and working diagnosis does not support an exception to Guideline recommendations. Therefore, the request for physical therapy twice a week for six weeks is not medically necessary and appropriate.