

Case Number:	CM14-0067802		
Date Assigned:	07/16/2014	Date of Injury:	02/25/2008
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old individual was reportedly injured on 2/25/2008. The mechanism of injury was not listed. The most recent progress note, dated 7/15/2014, indicated that there were ongoing complaints of left elbow and shoulder pains. The physical examination demonstrated left elbow range of motion 5-140 and paresthesias to the left elbow, to the small finger with driving and lying down. There was also positive tenderness to palpation of the left lateral elbow. Left shoulder had forward flexion 180, abduction 125, and positive tenderness to palpation to the lateral shoulder. No recent diagnostic studies are available for review. Previous treatment included bilateral shoulders surgery. A request had been made for 19 Physical Therapy sessions of the Left Elbow and Left Shoulder 2 times a week for 6 weeks #12 and was not medically necessary in the pre-authorization process on 5/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Left Elbow and Shoulder, two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: MTUS guidelines support the use of Physical Therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic complaints of left elbow and left shoulder pain, and review, of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits that exceed guideline recommendations, this request is not considered medically necessary.