

<b>Case Number:</b>	CM14-0070606		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 35-year-old male with date of injury of 11/03/2013. The listed diagnosis per [REDACTED] dated 11/27/2013 is epicondylitis of the left elbow, lateral. According to this report, the patient complains of left elbow pain. The patient describes his pain as aching. The patient states he is currently taking naproxen and has also started physical therapy. He does not report any radiating symptoms to the extremities. The physical exam of the elbow shows normal contour without swelling ecchymosis, open wound, or infection. There is continued tenderness to palpation in the lateral elbow area. No masses were noted. The range of motion is within normal limits. Muscle strength testing was decreased secondary to pain. Sensory examination was normal to light touch. Neurological examination is intact. The utilization review denied the request on 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 sessions of continued physical therapy for the left shoulder:** Upheld

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

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

**Decision rationale:** This patient presents with elbow pain. The treater is requesting 18 sessions of physical therapy for the left shoulder. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. Based on a previous UR letter, it appears that the patient was approved for 11 physical therapy sessions in November 2013. The physical therapy reports dated 04/23/2014 show visit #4 documenting that the patient has made fair progress. External rotation continue to be the most limiting factor in the shoulder with moderate hypertonicity noted in the left wrist extensors. The patient has good tolerance to manual therapy. In this case, the patient continues to improve slowly while utilizing physical therapy. However, the requested 18 sessions when combined with the 15 sessions that the patient received exceed MTUS Guidelines. Furthermore, the treater does not provide a rationale why additional sessions are recommended for this patient. The patient should be able to start a self-directed home exercise program to improve range of motion and strength. The request is not medically necessary.

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**Evaluation for physical therapy to the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** This patient presents with elbow pain. The treater is requesting an evaluation for physical therapy to the left shoulder. The MTUS Guidelines page 8 states that continuation or modification of pain management depends on the physician's evaluation if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment and plan and consider the use of other therapeutic modalities. In this case, the request for additional physical therapy was denied and an evaluation for therapy is not warranted. The request is not medically necessary.

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**Decision rationale:** This patient presents with elbow pain. The treater is requesting an evaluation for physical therapy to the left elbow. The MTUS Guidelines page 8 states that continuation or modification of pain management depends on the physician's evaluation if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment and plan and consider the use of other therapeutic modalities. In this case, the request for additional physical therapy was denied and an evaluation for therapy is not warranted. The request is not medically necessary.