

<b>Case Number:</b>	CM14-0074216		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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:

This is a 55-year-old female with a date of injury of 1/12/07. Submitted medical records do not discuss the initial mechanism of injury. The patient has right lateral epicondylitis, right elbow pain and right shoulder pain. She has had extensive treatment, including PT (physical therapy), medications, topical medications, and acupuncture and cortisone injection x 3. 1/17/14 report from the PTP notes that the patient was discharged from PT on 12/20/13. When she was off work and in PT, symptoms improved. But on return to work, she has become symptomatic again. A letter from the treating orthopedist on 7/23/14 states that surgery is an option, but not guaranteed to be the solution to her chronic issues. He states that in order to allow her to keep working, she must be in acupuncture and PT on a continuous basis. A request for additional PT x 12 was submitted to Utilization Review on 2/03/14, and denied. Despite this, the patient engaged in further PT starting on 2/21/14, and was discharged again on 5/23/14. Total visits completed according to the discharge summary from this time period was 61. The most recent PTP report prior to the Utilization Review report is dispute was on 4/18/14. At the time, the patient was back to work. She had ongoing constant pain that is subjectively reduced with PT. Despite recent PT, exam is essentially the same. There is non-specific reduced right shoulder ROM (Range Of Movement) and tender points. There is non-specific reduced ROM at the right elbow. There is tenderness at the radial head and lateral epicondyle. Diagnoses are the same and ongoing PT and acupuncture are recommended. A request for additional PT and acupuncture was submitted to Utilization Review with a determination rendered on 5/05/14. The actual UR report is not submitted for my review, however, the UR physician approved 2 sessions of PT and 3 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT right shoulder and elbow x 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 586, Chronic Pain Treatment Guidelines Physical medicine, page(s) 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical medicine treatment; Elbow, Physical therapy.

**Decision rationale:** For the elbow, ACOEM states that if a particular treatment is going to be beneficial, this should be evident in 2-3 visits, but continued treatment without objective improvement is not reasonable and should be discontinued. For patients with more severe conditions, 8-12 sessions of PT are recommended with moderate issues only needing 5-6 sessions. ODG specifically addresses the elbow diagnosis and recommends 8 sessions of PT for lateral epicondylitis. With regards to the shoulder, ODG recommends 10 sessions. In this case, the patient was discharged from PT in December of 2013; numbers of sessions completed are not disclosed. PT was re-initiated in February of 2014 and continued through May of 2014 with PT discharge report stating that the patient had completed 61 sessions of PT. There is no significant change in symptoms or objective/functional status. There is no documentation that justifies ongoing skilled therapy past guideline recommendations. This was submitted to Utilization Review, and the UR physician did recommend 2 PT sessions only. This is an appropriate amount to transition to a home exercise program, which should have already been taught by this time. There is no indication for certification of an amount greater than this. Therefore, PT (Physical Therapy) right shoulder and elbow x 12 is not medically necessary.