

Case Number:	CM14-0083632		
Date Assigned:	07/21/2014	Date of Injury:	01/30/2013
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 injured worker is a female with a date of injury 1/30/13. Per the orthopedic surgeon's physician progress report dated 5/9/14, the injured worker followed up after MRI of the left elbow. The MRI shows lateral epicondylitis with some degeneration of the common extensor insertion on the lateral epicondyle. The injured worker's left shoulder continues to bother her with stiffness and discomfort. She currently rates her pain as 6/10. She has problems with pain at night. She has some relief with sitting and standing. She is currently taking Norco and ibuprofen 800 mg. On exam she is in no acute distress. Examination of the left shoulder shows forward flexion 0 to 90 degrees, abduction to approximately 90 degrees. Tenderness is the anterior aspect of the left shoulder is present. The injured worker has well-healed surgical incisions. Right shoulder examination is within normal limits. Examination of the left elbow. Shows full range of motion with significant tenderness at the lateral epicondyle. Right elbow examination is within normal limits. Diagnoses include 1) left shoulder status post subacromial decompression and debridement 2) left elbow lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6-Left Shoulder, Left Shoulder #6: 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: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. Twelve sessions is in excess of the amount of physical therapy recommended by the MTUS Guidelines. As such, the request is not medically necessary.