

Case Number:	CM13-0049585		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2010
Decision Date:	08/18/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 4/22/10. He has reported initial complaints of a right shoulder and right elbow injury after lifting a tree trunk. The diagnoses have included right shoulder tendinitis, right elbow bursitis, myofascial pain syndrome, shoulder bursae and tendon disorders and pain in the joint of the upper arm. Treatment to date has included medications, activity modifications, diagnostics, ice/heat, rest, pain management, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 10/18/13, the injured worker complains of pain in the neck, right shoulder and right arm. The pain remains unchanged at 7/10 on pain scale. There is also numbness in the right arm and shoulder. The objective findings reveal limitation of motion in the right upper extremity, numbness and tingling in the right upper extremity, and weakness with occasional dropping of objects. The right upper extremity exam reveals abduction at 90 degrees with pain and left upper extremity at 180 degrees and decreased grip strength in the right hand. There is no previous diagnostics noted in the records and there is no previous physical therapy sessions noted in the records. The physician requested treatment included **PHYSICAL THERAPY FOR THE RIGHT ELBOW (8 SESSIONS)**.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Elbow (8 Sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder and arm. The current request is for physical therapy for the right elbow (8 sessions). The treating physician report dated 10/18/13 (20B) states, "Awaiting approval of acupuncture, physical therapy, and ortho consult." The report goes on to note that the patient was positive for neurological symptoms of the right upper extremity and that he occasionally drops objects from right hand. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical report provided, show the patient has received prior physical therapy for the right shoulder but not for the elbow. The patient's status is not post-surgical. In this case, the current request of 8 visits does not exceed the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient is diagnosed with elbow neuritis and the physician is requesting 8 sessions of physical therapy in order to provide the patient with relief of his symptoms and improve his functioning. The current request is medically necessary.