

Case Number:	CM14-0192671		
Date Assigned:	11/26/2014	Date of Injury:	06/10/2014
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 & 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 57-year-old male with a date of injury of 06/10/2014. The listed diagnoses are: 1. Tendonitis/impingement syndrome (right). 2. Lateral epicondylitis right elbow. Per treating physician report 11/03/2014, the patient presents with right shoulder pain. The patient states that her right elbow is "okay now." Examination on this date showed tenderness along the head biceps in the right shoulder and positive impingement syndrome. "No local tenderness of lateral epicondyle and no pain in resistance right wrist extended (elbow extended)." Report 10/17/2014 states the patient has some improvement from prior injection into the right elbow. She reports decreased pain, but continues to complain of soreness in the right shoulder after flu shot. Examination findings noted sore lateral epicondylitis and resisted right metatarsophalangeal extension. Request is for additional physical therapy. The utilization review denied the request on 11/07/2014. Treatment reports from 06/11/2014 through 11/03/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 6 Physical therapy visits to neck/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 right shoulder and right elbow pain. The current request is for Additional 6 Physical Therapy Visits To Neck/Shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9-10 sessions over 8 weeks for myalgia and myositis type symptoms. Per treating physician report 06/16/2014, the patient was instructed to continue physical therapy 3 times a week for 2 weeks to decrease pain. Report 07/14/2014 noted that the patient has completed physical therapy. Progress report 10/17/2014 noted under treatment plan, "PT and HEP." Report 11/03/2014 indicates the patient continues with right elbow pain and right shoulder pain and the treater recommended adding physical therapy. In this case, the number of completed therapy visits to date and the objective response to therapy were not documented in the medical file. It appears the patient most recently underwent 6 physical therapy sessions which were completed on 07/14/2014. In this case, the treater's request for 6 additional sessions with the 6 already received exceeds what is recommended by MTUS. Furthermore, there is no rationale provided to indicate why the patient is not able to continue home exercise program. There is no report of new injury, new surgery, or new diagnosis that could substantiate the current request for additional PT. The requested additional 6 PT sessions is not medically necessary.