

Case Number:	CM14-0197207		
Date Assigned:	12/05/2014	Date of Injury:	01/06/2012
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship Trained in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 40-year-old male who reported an injury on 01/06/2012. The mechanism of injury was not specified. His diagnoses include left shoulder pain, left shoulder sprain/strain, status post left shoulder surgery, left elbow myofasciitis, left elbow pain, left elbow sprain/strain, and left lateral epicondylitis. Relevant diagnostic studies and pertinent surgical history were not provided within the documentation. On 11/07/2014, the injured worker presented with neck pain of 6/10, left shoulder pain of 5/10, and left elbow pain of 6/10. The objective findings revealed decreased range of motion in the cervical spine, tenderness to palpation of the cervical paravertebral musculature, paravertebral muscle spasm, and a positive cervical compression test. The injured worker shoulder had decreased range of motion and a positive shoulder depression test. There was tenderness to palpation over the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder, and supraspinatus. She had painful range of motion in her left elbow and tenderness to palpation of the anterior, lateral, and posterior regions of her elbow. She was also noted to have a positive Cozen's sign. Her past treatments include 12 visits of physical therapy. The treatment plan was noted to include physical therapy once a week for 4 weeks to increase range of motion and activities of daily living, and decrease pain. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one time a week for four weeks for the cervical spine, left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for physical therapy 1 time a week for 4 weeks for the cervical spine, left shoulder and left elbow is not medically necessary. The California MTUS Guidelines recommend 10 visits of physical therapy for the treatment of unspecified myalgia and myositis. The medical records submitted for review show the injured worker received 12 visits of physical therapy for shoulder and back pain. However, there was a lack of documentation to show objective functional improvement and objective pain relief. The request is for 4 visits of physical therapy in addition to the 12 visits of physical therapy she has already received, which exceeds the guideline recommendation. There was a lack of documentation of exceptional factors to significantly demonstrate the necessity of services beyond the guidelines' recommendation. Therefore, the request is not supported by the evidence based guidelines. As such, the request for physical therapy 1 time a week for 4 weeks for the cervical spine, left shoulder, and left elbow is not medically necessary.