

Case Number:	CM14-0204662		
Date Assigned:	12/16/2014	Date of Injury:	04/16/2013
Decision Date:	04/21/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 70-year-old male who sustained an industrial injury on 04/16/2013. He reported right shoulder pain. The injured worker was diagnosed as having right shoulder pain, status post arthroscopic rotator cuff repair, and on 09/05/2014, he was also diagnosed with lateral epicondylitis of the right elbow. Treatment has included arthroscopic surgery on the right shoulder, physical therapy, and a postsurgical. MRI that showed inflammation of the supraspinatus tendon with an intact rotator cuff. The Injured worker has been receiving physical therapy. The initial complaint was pain in the right shoulder, especially when reaching overhead. On 09/05/2014, the worker complained of right elbow pain. At that time, he was receiving acupuncture and chiropractic therapy and the physician plan of treatment-included physical therapy. On October 17, 2014, his diagnosis was lateral epicondylitis, right elbow, and the plan was to request authorization for an additional 6 sessions of physical therapy.

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 times 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, Pain Suffering and the Restoration of Function, Chapter 6, page 114.

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

Decision rationale: The injured worker sustained a work related injury on 04/16/2013. The medical records provided indicate the diagnosis of lateral epicondylitis of the right elbow. Treatment has included arthroscopic surgery on the right shoulder, physical therapy, and a postsurgical. The medical records provided for review do not indicate a medical necessity for Physical therapy for the right elbow times 6 sessions. The records indicate the injured worker has had 27 of the 30 approved physical therapy for the shoulder; the injured worker has been approved for physical therapy of the elbow, but there is no documentation that the worker has had any. The records indicate the provider has been reminding the worker to go for the approved therapy. The MTUS recommends allowing for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks.