

<b>Case Number:</b>	CM14-0208440		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year-old patient sustained an injury on 5/17/11 while employed by [REDACTED]. Request(s) under consideration include Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/14 form, QTY: 9.00. Diagnoses include right shoulder tendonitis/impingement and s/p right lateral epicondylitis release on 7/11/13. Conservative care has included medications, therapy, corticosteroid injection to right shoulder, TENS unit, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. The patient has completed at least 20 post-operative physical therapy visits without demonstrated functional efficacy. Report of 10/20/14 noted continued right upper extremity pain rated at 7-10/10 with pain index of 19/40 compared to report of 8/11/14 with pain index score of 18. Exam showed unchanged decreased motor strength of 3+/5 with hip flex/abduction. Long term goals were not achieved. The request(s) for Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/14 form, QTY:9.00 was non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/2014 form, QTY:9.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm Lateral epicondylitis/Tennis elbow Page(s): 6-7, Postsurgical Treatment Guidelines.

**Decision rationale:** This 44 year-old patient sustained an injury on 5/17/11 while employed by [REDACTED]. Request(s) under consideration include Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/14 form, QTY: 9.00. Diagnoses include right shoulder tendonitis/impingement and s/p right lateral epicondylitis release on 7/11/13. Conservative care has included medications, therapy, corticosteroid injection to right shoulder, TENS unit, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. The patient has completed at least 20 post-operative physical therapy visits without demonstrated functional efficacy. Report of 10/20/14 noted continued right upper extremity pain rated at 7-10/10 with pain index of 19/40 compared to report of 8/11/14 with pain index score of 18. Exam showed unchanged decreased motor strength of 3+/5 with hip flex/abduction. Long term goals were not achieved. The request(s) for Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/14 form, QTY: 9.00 was non-certified on 11/19/14. Postsurgical treatment course include recommendation for 12 total PT visits over 12 weeks period for lateral epicondylitis procedure with rehab period of 6 months with initial number of visit trial and further consideration pending documentation of functional improvement. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional improvement from the post-op PT visits rendered to support further therapy. The Additional postoperative physical therapy, 3 times a week, right shoulder, per 11/05/14 form, QTY: 9.00 is not medically necessary and appropriate.