

<b>Case Number:</b>	CM14-0042314		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 64-year-old female with date of injury of 09/26/2013. The listed diagnoses from 02/04/2014 are: 1) Left shoulder sprain, 2) Left elbow medial epicondylitis. According to this report, the patient has started her physical therapy from her previous visit for the left shoulder and left elbow. She states that her pain is worse in the morning and rates it 4/10 presently and at its worst, 8/10. She denies any re-injury and continues to work at her regular duty despite her discomfort. The examination shows anterolateral tenderness over the left shoulder with slightly decreased range of motion in abduction and external rotation aggravating pain at 65 degrees and 60 degrees of internal rotation. There is pain with resisted motion overhead. Her left elbow medial epicondylar tenderness remains with good range of motion. Neurovascular status is grossly intact. No warmth or signs of infection noted. The documents include physical therapy reports from 01/20/2014 to 02/24/2014 and progress reports from 11/14/2013 to 03/11/2014. The utilization review denied the request on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x wk x 3 wks left shoulder/elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 left shoulder and left elbow pain. The treater is requesting Physical Therapy 2 Times a Week X 3 Weeks for the Left Shoulder/Elbow. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report from 01/20/2014 shows that the patient's symptoms have improved but it is slower than expected. The patient tolerated the treatment well and she demonstrates commitment to self-management and mastery of the home exercise programs. The 02/24/2014 physical therapy report shows moderate pain at the cervical spine radiating to the left shoulder and elbow. There is limited active range of motion at both shoulders at 80% and mild tenderness in the cervical spine on the left. The physical therapy reports show a total of 7 visits. In this case, the requested 6 additional visits when combined with the previous 7 would exceed MTUS guidelines. In addition, given the lack of functional improvement while utilizing physical therapy, the requested additional sessions are not warranted. The request is not medically necessary.