

Case Number:	CM15-0001754		
Date Assigned:	01/13/2015	Date of Injury:	07/16/2012
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 51 year old female was injured 7/16/12. The mechanism of injury was not clear. Current complaints include achy right elbow and shoulder pain. She currently takes no medications and has had a problem with non-steroidal anti-inflammatories. Diagnoses are right shoulder impingement syndrome, tendinosis and biceps tendon rupture, chronic; status post right thumb osteophyte excision and synovectomy; right lateral epicondylitis. Treatment included injection into common extensor origin X2 and home exercise program. The treating provider has requested physical therapy 2X6 for the right shoulder and elbow. On 12/10/14 Utilization review (UR) non-certified the request for physical therapy 2X6 to the right shoulder and elbow based on documentation indicating that the injured worker has completed a session of physical therapy and there were no extenuating circumstances noted to exceed current treatment guidelines or that this injured worker cannot perform a home exercise program. MTUS Chronic Pain Treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 right shoulder and elbow: 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 Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The request number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.