

Case Number:	CM15-0103173		
Date Assigned:	06/05/2015	Date of Injury:	12/03/2014
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 12/3/14. The injured worker has complaints of pain in right elbow and shoulder. The documentation noted on examination of the right shoulder reveals that she has positive impingement on 1 and 2 testing and she has weakness of the rotator cuff due to pain and muscle weakness. Examination of right elbow reveals that she has tenderness over the lateral epicondylar area and has pain with resisted extension of the wrist. The diagnoses have included complete rupture of rotator cuff; complete rupture of rotator cuff; lateral epicondylitis and sprain of metarpophalangeal (joint) of hand. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder showed a high grade intra-substance partial tear of the rotator cuff, there appears bursal-sided tissue that is remaining and no evidence of atrophy, magnetic resonance imaging (MRI) of the right elbow is reviewed showed a partial tear of the lateral extensor muscle and tendon attachment to the lateral epicondyle and injections. The request was for physical therapy 2x6 weeks for the right shoulder and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks for the right shoulder and right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), physical therapy (2) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for right shoulder and elbow pain. She has diagnoses of a rotator cuff tear and lateral epicondylitis. Completion of 5 physical therapy treatments for the elbow is documented. When seen, there was positive impingement testing and shoulder weakness and lateral elbow tenderness with pain with resisted wrist extension. Authorization for additional therapy was requested. Therapy treatment for the claimant's shoulder would include up to 10 visits over 8 weeks and 8 visits over 5 weeks for the elbow. In this case, only partial concurrent treatment would be expected. The number of additional visits being requested remains within the guideline recommendation and should be considered medically necessary.