

Case Number:	CM15-0105077		
Date Assigned:	06/09/2015	Date of Injury:	11/13/2014
Decision Date:	09/11/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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 45 year old male who sustained an industrial injury on 11/13/2014 when he slipped on a roof landing on his right shoulder and elbow. The injured worker was diagnosed with right shoulder strain and right elbow strain. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy (12 initial sessions completed on January 9, 2015 and 8 additional sessions starting on March 30, 2015) and medications. According to the primary treating physician's progress report on March 27, 2015, the injured worker continues to experience right shoulder and elbow pain with slow improvement. The injured worker rates his pain level at 4 out of 10 on the pain scale. Examination of the right shoulder documented flexion at 120 degrees, and abduction and external rotation at 90 degrees each. The right elbow revealed tenderness over the right lateral epicondyle with range of motion 0-120 degrees. Mild pain was elicited with supination and pronation both noted at 90 degrees. Sensation of the right upper extremity was intact. Reflexes were not tested. Motor strength of the supraspinatus was 4 out of 5 and extension rotation strength was 5 minus out of 5. Current medications were listed as Tramadol and Omeprazole. Treatment plan consists of medications as prescribed, complete the remaining authorized physical therapy for a total of 20 sessions and the current request for additional physical therapy once a week for 4 weeks for the right shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter (Online Version): Physical Therapy, ODG Physical Therapy Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for right shoulder and elbow pain with diagnoses of strains / sprains. There have been two courses of physical therapy with approximately 20 treatments with therapeutic content to have included a home exercise program. When seen, there was decreased shoulder and elbow flexion. There was lateral epicondyle pain and pain with supination and pronation. There was decreased shoulder strength. Additional physical therapy was requested. Guidelines recommend up to 10 therapy treatment sessions over 8 weeks for rotator cuff impingement syndrome and up to 10 therapy treatment sessions over 8 weeks for lateral epicondylitis. In this case, the claimant has already had an appropriate course of physical therapy which was to have included a home exercise program. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for shoulder strengthening and range of motion as well as modalities such as heat and ice. Providing the number of requested additional skilled physical therapy services could promote dependence on therapy provided treatments. The request is not medically necessary.