

Case Number:	CM15-0135339		
Date Assigned:	07/23/2015	Date of Injury:	02/01/2007
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 02/01/2007. Mechanism of injury was not found in documents provided. Diagnoses include torn left rotator cuff status post left rotator cuff repair, torn right rotator cuff status post repair on 02/13/2015, and bilateral plantar fasciitis. Treatment to date has included diagnostic studies, medications, surgery and physical therapy. A physician progress note dated 06/16/2015 has diagnoses listed and requested treatments but no report. A physician progress note dated 05/19/2015 documents the injured worker has pain with activity in the right shoulder elbow and biceps. There is tenderness to palpation over the right bicep and anterior shoulder. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for MRI of the right elbow and physical therapy x 8 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 for the right shoulder: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents on 06/04/15 with unspecified subjective complaints. The patient's date of injury is 02/01/07. Patient is status post right rotator cuff repair on 02/13/15. The request is for PT Right Shoulder X8. The RFA is dated 06/24/15. Most recent progress notes, dated 06/04/15 and 07/29/15 do not include any positive physical examination findings, and are hand-written and illegible in some portions. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 07/29/15 progress note, patient is advised to remain off work until next visit (30-45 days). MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 8 additional physical therapy sessions for this patient's shoulder complaint, the provider has exceeded guideline recommendations. It is unclear how many physical therapy sessions this patient has had to date, as only 5 hand-written progress notes were provided. Regarding PT, progress note dated 04/21/15 states: "Cont post-op PT 3X4." Progress note dated 07/29/15 also states: "Pending additional PT R shoulder" implying that this patient has already completed the aforementioned course of physical therapy. This patient is no longer in the post-operative period, MTUS chronic pain PT guidelines apply. In this case, it is suggested that the patient has already completed a course of 12 PT sessions, 8 sessions in addition to those already completed exceeds MTUS guidelines and cannot be substantiated. The request is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute & chronic) Chapter under MRI's.

Decision rationale: The patient presents on 06/04/15 with unspecified subjective complaints. The patient's date of injury is 02/01/07. Patient is status post right rotator cuff repair on 02/13/15. The request is for MRI Right Elbow. The RFA is dated 06/24/15. Most recent progress notes, dated 06/04/15 and 07/29/15 do not include any positive physical examination findings, and are hand-written and illegible in some portions. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 07/29/15 progress note, patient is advised to remain off work until next visit (30-45 days). ODG guidelines, chapter 'Elbow (acute & chronic)' and topic 'MRI's', recommends the imaging studies when there is "Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant

pathology. (Mays, 2008)" In regard to the request for what appears to be this patient's first elbow MRI, there is no clear documentation of complaints to the specified elbow. Progress notes dated 07/29/15 and 06/04/15 do not include subjective complaints of pain in the right elbow, nor any physical examination findings suggestive of injury in the right elbow. The treater does not provide a reason for the request, stating only "MRI R ElBW" [sic]... and does not include discussion of chronic elbow pain, suspected epicondylitis, or any plain film radiographs taken or reviewed. Without a complaint to the requested joint, or a rationale as to why MRI imaging is necessary, the request as written cannot be substantiated. The request is not medically necessary.