

Case Number:	CM15-0180022		
Date Assigned:	09/21/2015	Date of Injury:	05/01/2014
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania, Ohio, 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 53 year old female who sustained an industrial injury on 5-1-14. Treatments include: medication, physical therapy, and shock wave therapy and elbow surgery. Progress report dated 7-28-15 reports status post right elbow common extensor release and lateral epicondylectomy, February 2015. She reports initial improvement but now the condition is worsening in the right elbow. Her activity level has significantly declined involving the right upper extremity. The pain is rated 8 out of 10 in the right lateral elbow and 7 out of 10 in the right shoulder. Without medication she has difficulty with her activities of daily living and exercise program. With medication she has greater activity tolerance and improved range of motion. Objective findings: She has pain with wrist extension against resistance, tenderness right medial elbow including medial epicondyle, tender right shoulder with limited range of motion and positive impingement signs and spasms of the right deltoid noted. Diagnoses include: status post right elbow common extensor release and lateral epicondylectomy, right lateral epicondylitis refractory and right shoulder impingement. Plan of care includes: continue request for shock wave therapy, proceed with physical therapy right shoulder 3 times per week for 4 weeks, dispensed Tramadol ER 150 mg, naproxen 550 mg, pantoprazole 20 mg and cyclobenzaprine 7.5 mg, urine screen today is compliant. Work status: temporarily totally disabled. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 4 weeks for the right elbow (12): Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow (Acute & Chronic) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.