

Case Number:	CM15-0192148		
Date Assigned:	10/06/2015	Date of Injury:	07/16/2013
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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 48 year old, male who sustained a work related injury on 7-16-13. A review of the medical records shows he is being treated for right elbow and left shoulder pain. Treatments have included 6 sessions acupuncture, physical therapy, right elbow surgery 6-4-15, left shoulder surgery on 9-9-14 and home exercises. With right elbow physical therapy #6 dated 7-14-15, the physical therapist notes he presents with "very good range of motion with soft tissue mobility, still functionally weak due to postoperative restrictions there prognosis for return to function extended." In the progress notes, the injured worker reports he feels "progressively better" with right elbow. He "feels that physical therapy has been a big help." He is having "a little bit more pain" that he feels directly anteriorly and to a lesser extent posteriorly at the shoulder. In the objective findings dated 8-19-15, he has "good" active range of motion in left shoulder. He has "excellent" active range of motion is demonstrated. He has a good grip and is able to move the right elbow without hesitation. Working status is not noted. The treatment plan includes a request for an additional 6 physical therapy sessions. The Request for Authorization dated 8-19-15 has a request for 6 additional physical therapy sessions to the left shoulder and left elbow. In the Utilization Review dated 9-15-15, the requested treatment of physical therapy 6 sessions to left elbow and shoulder is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy for 6 sessions (2x3) for the left elbow/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The claimant sustained a work injury in July 2013 and underwent left shoulder arthroscopic surgery with debridement and In February 2015, his shoulder was doing pretty well. He had right lateral elbow aching. In June 2015, he underwent a right elbow extensor tendon repair. As of 07/14/15, he had completed 6 physical therapy treatments since surgery. When seen in August 2015, therapy had been a big help and he was requesting advancement of his work status. Physical examination findings included a body mass index over 30. There was excellent active elbow range of motion with good grip strength and he was moving the elbow without hesitation. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant had completed the initial course of physical therapy. Although the requested number of additional post-operative therapy visits remains within accepted guidelines, there is no ongoing elbow impairment being documented and no specific therapeutic content is being requested. There is no new injury to the shoulder. The request is not considered medically necessary. The number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.