

Case Number:	CM15-0207514		
Date Assigned:	10/26/2015	Date of Injury:	03/27/2015
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This injured worker is a 42 year old female who reported an industrial injury on 3-27-2015. Her diagnoses, and or impressions, were noted to include: bilateral shoulder impingement syndrome; and bilateral medial epicondylitis. No imaging studies were noted. Her treatments were noted to include: injection therapy; physical therapy evaluation and treatment (April - May, 2015); medication management with toxicology screenings (8-17-15); and modified work duties versus rest from work. The progress notes of 9-14-2015 reported: bilateral shoulder, bilateral elbow and bilateral upper extremity pain. The objective findings were noted to include weakness and restricted range-of-motion. The physician's requests for treatment were not noted to include continuing physical therapy 2 x a week for 6 weeks. The Request for Authorization, dated 9-17-2015, was noted for physical therapy for the bilateral shoulders and elbows, 2 x a week for 6 weeks. The Utilization Review of 9-24-2015 non-certified the request for physical therapy, 2 x a week for 6 weeks, for the bilateral shoulders and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for bilateral shoulder and elbow: Upheld

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

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

Decision rationale: The 42 year old patient complains of bilateral shoulder, elbow and upper extremity pain, as per progress report dated 09/14/15. The request is for PHYSICAL THERAPY 2 X WK X 6 WKS FOR BILATERAL SHOULDER AND ELBOW. The RFA for this case is dated 09/17/15, and the patient's date of injury is 03/27/15. Diagnoses, as per progress report dated 09/14/15, included bilateral shoulder impingement syndrome and bilateral elbow epicondylitis. Medications included Anaprox and Prilosec. Diagnoses, as per progress report dated 08/17/15, included chronic cervical sprain/strain, bilateral shoulder impingement syndrome, bilateral medial epicondylitis with third and fourth tenosynovitis of both wrists, possible carpal tunnel syndrome. The patient is off work, as per progress report dated 09/14/15. MTUS Chronic Pain Management Guidelines 2009, 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 this case, the patient has had physical therapy in the past. As per therapy reports available for review, the patient completed at least 9 visits between 04/22/15 and 05/20/15. In progress report dated 07/02/15, the treater states the patient "had physical therapy for a month, but it was not helpful." In progress report dated 08/17/15, the treater reiterates the patient has had physical therapy with "no improvement." The request for 12 additional sessions is noted in progress report dated 09/14/15. However, the patient's prior therapy was not effective. Furthermore, MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the treater's request for 12 additional sessions appears excessive and IS NOT medically necessary.