

Case Number:	CM15-0217305		
Date Assigned:	11/09/2015	Date of Injury:	05/05/2014
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 5-5-14. The injured worker was diagnosed as having right shoulder partial-thickness subscapularis tear, status post arthroscopic repair, right elbow lateral epicondylitis and right shoulder AC joint arthritis, status post distal clavicle excision. Subjective findings (4-15-15, 5-14-15, 6-10-15 and 7-22-15) indicated continued right elbow and shoulder pain. The injured worker rated his pain 5-7 out of 10. Objective findings (4-15-15, 5-14-15, 6-10-15 and 7-22-15) revealed tenderness of the lateral epicondyle and pain with forced wrist extension. Right shoulder flexion was 150-160 degrees, extension is 50 degrees, abduction is 150-160 degrees and internal and external rotation is 70 degrees. As of the PR2 dated 9-16-15, the injured worker reports progressive right shoulder pain. The treating physician noted that the injured worker has undergone multiple rounds of physical therapy with continued 5-6 out of 10 pain. Objective findings include right shoulder flexion is 110 degrees, extension is 50 degrees, abduction is 50 degrees and internal and external rotation is 90 degrees. Treatment to date has included a right elbow cortisone injection on 5-14-15 and 9-2-15 and Ibuprofen. The Utilization Review dated 10-16-15, non-certified the request for a physical therapy evaluation and treatment 3 x weekly for 4 weeks for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 3 times a week for 4 weeks for the right elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, home exercise is recommended for epicondylitis. There is no indication that therapy/exercise cannot be done at home. The 12 sessions requested also exceed the guidelines recommendations. The claimant has completed numerous therapy sessions in the past. The request is therefore not medically necessary.