

Case Number:	CM15-0219689		
Date Assigned:	11/12/2015	Date of Injury:	09/12/2013
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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 54-year-old male with an industrial injury dated 09-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post right elbow fracture surgery, history of triceps tendon rupture and bilateral shoulder rotator cuff tendinitis and bursitis. According to the progress note dated 10-09-2015, the injured worker reported increased left shoulder pain. The injured worker reported stabbing pain in his elbow when he lifts objects with his right arm. The injured worker also reported limited flexion of the wrist since cast was removed prior to surgery. Objective findings (08-28-2015, 10-09-2015) revealed tenderness to palpitation about the trapezius musculature, restricted range of motion due to pain, bilateral rotator cuff weakness, and bilateral positive impingement. Right elbow exam revealed tenderness to palpitation, restricted range of motion and fixed flexion. Some documents within the submitted medical records are difficult to decipher. Treatment has included diagnostic studies, prescribed medications, at least 19 sessions of physical therapy and periodic follow up visits. The injured worker is post permanent and stationary. The utilization review dated 10-30-2015, non-certified the request for additional physical therapy for the right elbow and bilateral shoulders 2 times a week for 4 weeks, quantity: 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right elbow and bilateral shoulders 2 times a week for 4 weeks, quantity: 8 sessions: 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 current request is for PHYSICAL THERAPY FOR THE RIGHT ELBOW AND BILATERAL SHOULDERS 2 TIMES A WEEK FOR 4 WEEKS, QUANTITY: 8 SESSIONS. Treatment has included diagnostic studies, medications, and physical therapy. The patient is working with restrictions. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, 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." Per report 10/09/15, the patient reported increased left shoulder pain, and stabbing pain in his elbow when he lifts objects with his right arm. Objective findings revealed tenderness to palpitation about the trapezius musculature, restricted range of motion due to pain, bilateral rotator cuff weakness, and bilateral positive impingement. Right elbow exam revealed tenderness to palpitation, restricted range of motion and fixed flexion. The treater recommended additional physical therapy. The patient is status post right elbow arthrotomy on 10/13/13. The patient underwent 22 physical therapy sessions between 10/15/13 and 01/03/14. This patient is outside of the post-surgical time frame, and MTUS allows up to 10 sessions for complaints of this nature. In this case, this patient has had ample physical therapy addressing his upper extremity issues. There are no new diagnoses, or new examination findings to substantiate the current request for sessions that exceeds what is recommended by MTUS. Furthermore, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.