

Case Number:	CM15-0220426		
Date Assigned:	11/13/2015	Date of Injury:	04/04/2012
Decision Date:	12/24/2015	UR Denial Date:	11/03/2015
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: New Jersey, New York
 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 54 year old female, who sustained an industrial injury on 4-4-12. The injured worker was diagnosed as having chronic lateral epicondylitis-right; right shoulder impingement syndrome. Treatment to date has included status post right elbow-lateral epicondylectomy, arthrotomy right lateral elbow, debridement-repair common extensor tendon right lateral elbow (3-24-15); status post diagnostic and operative right shoulder arthroscopy, subacromial decompression partial resection right distal clavicle and subacromial bursectomy right shoulder (8-17-15); physical therapy; medications. Currently, the PR-2 notes dated 10-22-15 indicated the injured worker is a status post right elbow-lateral epicondylectomy, arthrotomy right lateral elbow, debridement-repair common extensor tendon right lateral elbow on 3-24-15 and of most recent a status post diagnostic and operative right shoulder arthroscopy, subacromial decompression partial resection right distal clavicle and subacromial bursectomy right shoulder on 8-17-15. The notes are hand written and therefore, difficult to decipher. The notes appear to document the injured worker is 2 months status post right shoulder arthroscopy SAD with decreased pain with physical therapy. The left shoulder recently has an increase in pain. He notes much decreased right shoulder tenderness, increased range of motion, sore at 90 degrees. Left shoulder pain greater than 90 degrees and impingement. He notes the right elbow was also repaired but now the left shoulder has symptoms of impingement. He has prescribed Mobic 15mg and to continue physical therapy, home rehab exercises, modified activity, and Norco for pain. He notes the injured worker may need the left shoulder arthroscopy. It is difficult to discern how many physical therapy visits have taken place due to the combination of both surgeries in 2015, but the notes dated 8-27-15 appear to define physical therapy for the

right shoulder were 3x a week for 3 weeks and the right elbow and right shoulder per note dated 6-3-15 was for physical therapy 3x a week for 3 weeks. A Request for Authorization is dated 11-6-15. A Utilization Review letter is dated 11-3-15 and non-certification for Physical therapy to the right elbow 2 times a week for 4 weeks. A request for authorization has been received for Physical therapy to the right elbow 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right elbow 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: The request is considered not medically necessary. The patient had a right lateral epicondylectomy s/p physical therapy sessions. The patient was authorized for 18 sessions of therapy. She was documented to have improvement in symptoms and to be continued on a home exercise program. It is unclear why additional sessions are required. According to MTUS guidelines, 12 physical therapy visits over 12 weeks is recommended. Therefore, the request is not medically necessary.