MAXIMUS Federal Services

Case Number:	CM15-0043111		
Date Assigned:	03/13/2015	Date of Injury:	07/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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, 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 an industrial injury on 7/16/13. The injured worker reported symptoms in the left shoulder and right elbow. The injured worker was diagnosed as having partial-thickness articular side supraspinous tear left shoulder, glenoid chondromalacia left shoulder, inferior labral fraying left shoulder, and lateral epicondylitis right elbow. Treatments to date have included status post left shoulder arthroscopy, physical therapy, anti-inflammatory medications, and oral pain medication. Currently, the injured worker complains of pain in the left shoulder and right elbow. The plan of care was for physical therapy and a follow up appointment at a later date. A physical therapy progress report dated September 9, 2014 indicates that the patient has undergone 10 visits with 24 authorized visits. Notes indicate that the patient's pain is improved by 50% with increased range of motion. A progress report dated November 4, 2014 indicates that the patient has completed 3 out of 12 authorized visits. A progress report dated November 3, 2014 indicates that the patient continues to have ongoing right elbow symptoms which are worsened with firm grasp or repetitive use. Physical examination reveals tenderness to palpation at the extensor origin consistent with previous exams. Diagnoses include lateral epicondylitis of the right elbow. The treatment plan recommends a brace for the elbow and consideration of corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatments for the right elbow, six additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 8 therapy visits for the treatment of epicondylitis. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.