

<b>Case Number:</b>	CM15-0057569		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 female, who sustained an industrial injury on 4/19/2013. She reported a gradual onset of right shoulder pain with no specific injury documented. The injured worker was diagnosed as having bilateral shoulder pain and bilateral epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of bilateral shoulder pain and bilateral epicondylitis. The treating physician is requesting orthopedic consultation and physical therapy evaluation and 12 visits for bilateral shoulder and elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to an Orthopedist for Consultation and Treatment, Bilateral Shoulders and Elbows:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion of the extremity to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Referral to an Orthopedist for Consultation and Treatment, Bilateral Shoulders and Elbows is not medically necessary and appropriate.

**Physical Therapy Evaluation and Treatment, 12 visits, Bilateral Shoulders and Elbows:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Evaluation and Treatment, 12 visits, Bilateral Shoulders and Elbows is not medically necessary and appropriate.