

Case Number:	CM14-0133650		
Date Assigned:	08/22/2014	Date of Injury:	10/05/2010
Decision Date:	09/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year-old male with the date of injury of October 5, 2010. The patient presents with pain in his left shoulder and left elbow. The patient is temporarily disabled. The patient presents tenderness in the olecranon fossa and full supination pronation. MRI of the left elbow from June 6, 2014 was normal. According to [REDACTED] report on January 18, 2014, diagnostic impressions are left shoulder impingement syndrome, left elbow epicondylitis, and status-post shoulder arthroscopy - the date of operations is not provided. The utilization review determination being challenged is dated on July 28, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from January 18 to July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left elbow, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The patient presents with pain and weakness in his left elbow. The request is for twelve sessions of physical therapy for the left elbow. Review of the reports suggest that

shoulder surgery occurred some time ago and the current request of twelve sessions of therapy appears outside of post-surgical time-frame. Furthermore, [REDACTED] requested initial physical therapy for the left elbow not for the shoulder on July 2, 2014. The Chronic Pain Medical Treatment Guidelines allow eight to ten sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and nine to ten sessions for myalgia and myositis, unspecified. The current request for twelve sessions exceed what is recommended according to the Chronic Pain Medical Treatment Guidelines as initial therapy for the left elbow, given no indication of any recent surgery. The request for physical therapy left elbow, twice weekly for six weeks, is not medically necessary or appropriate.