

Case Number:	CM14-0143619		
Date Assigned:	09/12/2014	Date of Injury:	08/16/2011
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of August 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; topical agents; earlier shoulder arthroscopy and biceps tenodesis surgery in May 2013; earlier elbow epicondylar release surgery and tenoplasty on June 25, 2012; corticosteroid injection therapy; unspecified amounts of physical therapy over the course of the claim; and muscle relaxants. In an August 12, 2014 Utilization Review Report, the claims administrator denied a request for additional physical therapy for the shoulder and elbow. The claims administrator stated that the applicant had had 36 sessions of physical therapy since earlier shoulder surgery of May 3, 2013. The claims administrator stated that the request was for six sessions of physical therapy. The applicant's attorney subsequently appealed. However, the applicant's attorney did not seemingly enclosed much in the way of medical records in its appeal letter. In an April 29, 2013 progress note, the applicant was given diagnoses of shoulder strain, rotator cuff syndrome, elbow tendonitis, and radial tunnel syndrome. Per the claims administrator's medical evidence log incorporated into the Independent Medical Review packet, this April 29, 2013 progress note was the most recent progress note available in the Independent Medical Review packet. The claims administrator, in its Utilization Review Report, seemingly suggested that it was basing its denial on a Request for Authorization Form dated August 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder and right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, no clear or compelling rationale for additional physical therapy was proffered by the attending provider or applicant's attorney, although it is acknowledged that several 2014 progress notes apparently made available to the claims administrator were not incorporated into the Independent Medical Review packet. The information which is on file, however, does not support the request, particularly in light of the fact the MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription which "clearly states treatment goals." In this case, again, it is not clear why additional treatment is being sought at this late stage in the life of the claim and/or what the goals of physical therapy are at this point in time, some 3+ signs years removed from the date of injury. Therefore, the request is not medically necessary.