

<b>Case Number:</b>	CM14-0044781		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Interventional Spine 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 57-year-old male with a date of injury of 09/14/2012. The listed diagnoses per [REDACTED] are: 1. Chronic right shoulder pain and dysfunction, status post right shoulder arthroscopy on 04/03/2013. 2. Lateral epicondylitis (right). According to progress report 10/22/2013 by [REDACTED], the patient presents with complaints of right shoulder pain and right elbow/forearm pain. The patient is status post right shoulder arthroscopy on 04/03/2013 and underwent 12 postoperative sessions of physical therapy. Treater reported physical therapy was helping and the patient received additional 10 physical therapy sessions. The treater states the patient has reached maximum medical improvement for his right shoulder, but the same cannot be said with respect to his right lateral epicondylitis. The plan is to send him to hand therapy for appropriate therapeutic interventions for the right elbow. The request is for additional physical therapy 2 times per week for 4 weeks for the right elbow. Utilization review denied the request for additional physical therapy for the right elbow on 03/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times per week for 4 weeks, right elbow:** Upheld

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

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

**Decision rationale:** This patient presents with complaints of right shoulder pain and right elbow/forearm pain. The treater is requesting physical therapy for the right elbow. The medical file provided for review indicates the patient received 6 physical therapy sessions for the right elbow back in 2013 and 12 sessions of hand therapy per 3/7/14 report this year. Progress report from 03/07/2014 indicates the patient has completed times 12 hand therapy sessions to date. The treating physician does not believe the patient has had adequate elbow therapy and has asked for additional therapy. For physical medicine, the California Medical Treatment Utilization Schedule (MTUS) Guidelines, page 98 and 99, recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater's request for 8 sessions would appear reasonable if the hand and elbow are treated separately. The patient's elbow therapy appears to have been a year ago. However, therapy typically addresses both elbow and hand/wrist problems and the patient should have had adequate therapy by now to continue necessary home exercises. The requested treatment is not medically necessary and appropriate.