

Case Number:	CM15-0112771		
Date Assigned:	06/24/2015	Date of Injury:	05/05/2014
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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 was a 56 year old male, who sustained an industrial injury, May 5, 2014. The injured worker sustained a left shoulder and left elbow injury. The injured worker previously received the following treatments right shoulder surgery in May 2004, bilateral shoulder injections; the injured worker was struck by a piece of wood with a nail in it. The nail left a puncture wound in the left elbow, cold/ice pack, wound treatment, mediations, left elbow x-rays, right elbow x-rays, left shoulder x-rays and left shoulder x-rays. The injured worker was diagnosed with contusion to the left elbow, mild epicondylitis of both elbows, status post right shoulder surgery and left shoulder impingement. According to progress note of April 29, 2015, the injured worker's chief complaint was left shoulder and left elbow. The injured worker had limited range of motion to the left elbow. The physical exam noted the shoulders were symmetrical and there was full range of motion to the elbows, forearms, wrists, and the hands. There was pain at the extremes of motion of the elbows. The deep tendon reflexes were present and symmetrical. The sensation was intact in all dermatomes. An x-ray of the left elbow was taken at this visit which showed normal appearing joint space and articular surfaces. There was no evidence of fracture or dislocation. The treatment plan included physical therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right elbow, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Elbow - Physical therapy - Lateral epicondylitis/Tennis elbow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 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 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 for the right elbow, three times a week for four weeks is not medically necessary or appropriate.