MAXIMUS Federal Services

Case Number:	CM15-0170230		
Date Assigned:	09/10/2015	Date of Injury:	03/10/2011
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii
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 38 year old female, who sustained an industrial injury on 3-10-2011, as a result of continuous trauma. The injured worker was diagnosed as having right elbow lateral epicondylitis, right elbow sprain/strain, and right shoulder SLAP (superior labral tear from anterior to posterior) lesion. Treatment to date has included modified duties, diagnostics, physical therapy, cortisone injection, and medications. The Qualified Medical Examination (5-23-2015) noted physical therapy evaluations and treatment in 2011 and 2013. Currently (7-27-2015), the injured worker complains of right shoulder and elbow pain, with shooting pain to the right hand. It was documented that prior treatment included physical therapy, "which was not helpful". Current medication regimen was documented as "takes limited medications due to her pregnancy". Exam of the right shoulder noted decreased range of motion. There was tenderness, spasm, and swelling over the supraspinatus complex, deltoid complex, and acromioclavicular joint. Neer's and Hawkin's-Kennedy tests were positive. Exam of the right elbow noted tenderness, swelling, and deformity over the lateral joint lines and positive Tinel's sign with tenderness. Her work status was modified. Progress notes from prior physical therapy sessions were not submitted. The treatment plan included physical therapy, 3x4, for the right shoulder and elbow, modified to 6 visits by Utilization Review on 7-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks right shoulder and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right shoulder and elbow pain, with shooting pain to the right hand. The current request is for 12 sessions of physical therapy for the right shoulder and elbow. The UR dated 7/30/15 (5A) modified the request to 6 sessions of PT. The PQME dated 5/23/15 (5B) notes the patient received PT in May 2011 and October 2013 but does not indicate the body part or number of sessions completed. This report also states that future medical treatment would include therapy for the bilateral wrists and hands. The PR-2 dated 7/27/15 (22B) documents the patient received PT in 2011 which was not helpful, body part and number of sessions was not indicated. In this report the treating physician requests "authorization for physical therapy evaluation and treatment of the right elbow three times a week for four weeks to restore flexibility, strength, endurance, function and range of motion and to alleviate discomfort." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical reports provided did not document the number of PT sessions completed historically, therefore the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Additionally, the current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.