

Case Number:	CM15-0174606		
Date Assigned:	09/17/2015	Date of Injury:	07/16/2013
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial overuse injury on 7-16-13. Diagnoses included lateral epicondylitis, right elbow; partial thickness articular sided supraspinatus tear, left shoulder; glenoid chondromalacia, left shoulder; inferior labral fraying, left shoulder. In the 2-2-15 progress note the treating provider indicates "left shoulder doing pretty well; right elbow pain". In the 6-10-15 progress note regarding the left shoulder he is doing well and just about back to his regular range of motion. On physical exam of the left shoulder there was good active range of motion demonstrated; right elbow limited active range of motion consistent with recovery (six days post-operative). Diagnostics include MRI of the right elbow (1-23-15) showing thickening and edema at the origin of the common extensor. Treatments to date include status post left shoulder arthroscopy; acupuncture with improved function; suture anchor repair of extensor origin, right elbow, application of long-arm splint, right arm (6-4-15); physical therapy right elbow with benefit; home exercise program. On 8-5-15 utilization review evaluated and non-certified the request for physical therapy to the left shoulder three times per week for four weeks based on clinical findings not supporting the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder; 3 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic) Physical therapy (2) Pain (Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for left shoulder and right elbow pain. In February 2015 he was status post arthroscopic rotator cuff repair with labral debridement performed in September 2014. Continued home exercise was recommended. When seen, he has worsening shoulder pain occurring during the spring. No new injury was identified. There was minimally decreased shoulder range of motion. There was cervical, trapezius, deltoid and medial scapular border tenderness. Impingement testing was negative with positive Speed's testing. Physical therapy was requested for biceps tendinitis. In terms of physical therapy for this condition, guidelines recommend up to 9-10 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.