

Case Number:	CM15-0061578		
Date Assigned:	04/09/2015	Date of Injury:	06/16/2012
Decision Date:	05/18/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 6/16/2012 per the application. The medical records list 4/18/2012 as the date of injury. Diagnoses include pain in joint, shoulder, pain in joint, elbow, left lateral epicondylitis failed release surgery and gastroesophageal reflux disease (GERD). Treatment to date has included diagnostics including EMG (electromyography)/NCV (nerve conduction studies) and radiographic imaging, medications, physical therapy, work modification, surgical intervention of the elbow (undated) and immobilization. Per the Primary Treating Physician's Progress Report dated 11/17/2014, the injured worker reported left posterior elbow and right anterior shoulder pain rated as 9/10 currently. At its worst the pain is rated as 10/0 and at its best is rated as 4/10. Physical examination of the right shoulder revealed tenderness of the right side of the subacromial region with restricted range of motion. Examination of the bilateral elbows revealed tenderness over the lateral epicondyle and pain with forced extension. There was restricted range of motion on the left. The plan of care included a physical therapy (2x4) for the right shoulder and left elbow, a plasma rich (PRP) injection, medications and transfer of care and authorization was requested on 1/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks Right Shoulder/ Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured 3 years ago, with pain in the upper extremity. There was a failed epicondylitis release. There has been prior physical therapy, with unknown functional outcomes. There is continued pain. The status of the independent home exercise program, which the claimant should be on by this point, is not clear from the records. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. With unknown functional outcomes out of past therapy, this request for more skilled, monitored therapy was appropriately non-certified. Therefore, the requested medical treatment is not medically necessary.