

Case Number:	CM15-0077135		
Date Assigned:	04/28/2015	Date of Injury:	11/19/2013
Decision Date:	07/15/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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, 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 51 year old male, who sustained an industrial injury on November 19, 2013. He reported right shoulder and right elbow pain. The injured worker was diagnosed as having external impingement with calcific tendinopathy of the right shoulder with anterior labral tear, status post right shoulder diagnostic and operative arthroscopy, neuro-diagnostic testing, noted as normal and lateral epicondylitis with partial extensor mass tear of the right elbow. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right shoulder, physical therapy, Kenalog injections and work restrictions. Currently, the injured worker complains of continued severe right shoulder pain with decreased range of motion as well as right elbow pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 6, 2015, revealed continued pain as noted. He noted the right shoulder was much more symptomatic than the right elbow. Magnetic resonance imaging on January 27, 2015, was noted to reveal abnormalities of the right elbow. Physical therapy for the right shoulder and elbow were requested. Notes indicate that the patient has had authorization for 24 sessions of physical therapy and completed 18. A progress report dated April 6, 2015 indicates that the patient has 6 therapy sessions remaining.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: right shoulder/elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, Elbow Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to the previously authorized therapy sessions, the current request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.