

Case Number:	CM13-0000825		
Date Assigned:	11/01/2013	Date of Injury:	02/19/2013
Decision Date:	01/16/2014	UR Denial Date:	06/01/2013
Priority:	Standard	Application Received:	06/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who reported an injury on 03/19/2013 after opening a door, which caused a sharp pain in the left upper extremity. There was no clinical documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, Quantity requested: 24.00 to start 5/31/2013, to end 7/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 3.

Decision rationale: The requested post-op physical therapy to start 05/31/2013 and to end 07/15/2013 is not medically necessary or appropriate. The efficacy of the request was not established. California Medical Treatment Utilization Schedule does recommend that the physical therapy be an element of post-surgical care. However, there was no clinical documentation submitted for review to determine the need for post-op physical therapy. As such, the requested post-op physical therapy is not medically necessary or appropriate.