

Case Number:	CM13-0002255		
Date Assigned:	07/24/2013	Date of Injury:	08/10/2011
Decision Date:	01/03/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/22/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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.

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 underlying date of injury in this case is 8/10/2011. The medical records in this case are extensive. The patient is a 63-year-old man who has reported pain in the cervical spine, shoulder, elbow, and wrist. Shoulder impingement syndrome, status post open reduction internal fixation of a comminuted fracture of the right elbow, status post closed reduction of a left wrist fracture/dislocation with percutaneous screw fixation of the scaphoid. The medical records indicate that this patient previously attended extensive physical therapy. However, the initial physician reviewer noted that the patient had not attended physical therapy in over a year and had been authorized 6 physical therapy visits during 2013. That reviewer modified this request for an additional 4 units of therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks for lumbar spine and right elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, state "Active therapy requires an internal effort by the individual to complete a specific exercise or task . Allow for fading of treatment frequency plus active self-directed home physical medicine." The medical records provided for review do not include a rationale at this time as to why the employee requires additional supervised as opposed to independent rehabilitation. The request for additional physical therapy two times a week for six weeks for the lumbar spine and right elbow is not medically necessary and appropriate.