

Case Number:	CM13-0030905		
Date Assigned:	11/27/2013	Date of Injury:	06/25/2009
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/02/2013

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 Illinois, Indiana and Texas. 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 patient is a 37 year old male who reported an injury on June 25, 2009. The mechanism of injury information was not provided in the medical record. Review of the medical records revealed the patient had undergone multiple surgical procedures to bilateral upper extremities over the years too include the right shoulder subacromial decompression in March 2011, left shoulder subacromial decompression on August 2011, left elbow medial epicondylar release and ulnar nerve transposition on September 25, 2012, and most recently, right elbow medial epicondylar release and ulnar nerve transposition on February 26, 2013. The patient has participated in multiple physical therapy sessions post-surgically and has had no significant increase in function or decrease in discomfort. The most recent clinical documentation dated October 14, 2013 reported that the patient continued to complain of pain and weakness to bilateral upper extremities. The patient was also complaining of stress and anxiety. Upon physical examination, the patient continued to have scar sensitivity of bilateral elbows with weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional Physical Therapy, two (2) times a week for six (6) weeks, for the upper right extremities: Upheld

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

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

Decision rationale: The California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no objective clinical documentation of any functional gain for the patient or any decrease in pain. The most recent clinical note reported the patient continued to have pain and weakness to upper extremities. The patient has previously received seven (7) session of physical therapy for right upper extremity. There was no documented functional increase, or decrease in pain for the patient noted in the medical record. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no clinical documentation of the patient even participating in a home exercise program. Due to the lack of objective findings of increased function, decreased pain, and the patient participation in a home exercise program, the medical necessity for additional physical therapy has not been proven. As such, the request for additional physical therapy, two (2) times a week for six (6) weeks, for the upper upper extremities is non-certified.