

Case Number:	CM13-0033770		
Date Assigned:	12/06/2013	Date of Injury:	02/08/2012
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Practice and is licensed to practice in 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. 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 27 year old male who reported an injury on 02/08/2012. The mechanism of injury was being hit in the right elbow by a metal crank. The patient diagnosis was right elbow adhesive capsulitis. The patient had an electromyography (EMG)/nerve conduction velocity (NCV) done on 11/19/2013 which revealed no electro diagnostic evidence of an entrapment neuropathy, radiculopathy, plexopathy, or peripheral polyneuropathy. Review of the medical record revealed the patient had received 12 sessions of physical therapy post-surgery on 04/20/2013. The most recent clinical documentation dated 10/07/2013 reported the patient continued to complain of being unable to fully extend his elbow, and having constant pain. The patient was not on any medications to aide with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for right forearm/elbow: Upheld

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

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

Decision rationale: California MTUS states the recommended number of physical therapy visits is 9-10 visits, plus the patient should be on an active home exercise program. More session

could be allowed if improve in function, improved quality of life, and decreased pain is noted. There is no clinical documentation that the patient has had either of the previously mentioned. There are no objective clinical findings provided in the medical records discussing the patient's functional level pre or post physical therapy, and nothing stating the patient had participated in an active home exercise program. As such the request for physical therapy 3 x 4 for right forearm/elbow is non-certified.