

Case Number:	CM13-0034896		
Date Assigned:	12/11/2013	Date of Injury:	06/30/2000
Decision Date:	02/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male who reported a work-related injury on 06/30/2000, due to repetitive motion of the right upper extremity. The clinical note dated 09/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents since status post the injury the patient has utilized physical therapy 3 times per week for several months, a medication regimen and an elbow support. The patient presents for treatment of the following diagnosis, right elbow chronic interstitial triceps tendonitis. The provider documented upon physical exam of the patient's right upper extremity, flexion was at 140 degrees, extension 0, supination 60, and pronation 60. The provider documented recommendation for the patient to utilize physical therapy interventions, anti-inflammatories, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right elbow (12 sessions): Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence significant objective findings of symptomatology to support continued utilization of supervised therapeutic interventions for this patient at this point in his treatment as an independent home exercise program would be indicated. California MTUS indicates to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given the clinical notes failed to document when the patient last utilized supervised therapeutic interventions as well as significant objective findings of symptomatology upon exam of the patient, the request for an additional 12 sessions of physical therapy for the right elbow is not medically necessary nor appropriate.