MAXIMUS Federal Services

Case Number:	CM13-0042479		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2013
Decision Date:	08/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 62-year-old female who, on August 19, 2013, sustained injuries to multiple body parts, including the cervical and lumbar spine, right elbow and right wrist. The records available for review state that the claimant has been treated since the time of injury with physical therapy of the cervical spine, lumbar spine and right elbow. On a September 30, 2013, follow-up report, complaints of right upper extremity, neck, low back and face pain were noted. Physical examination showed atrophy of the right forearm, palpable tenderness of the wrist, diminished range of motion to the wrist, elbow, cervical and lumbar spine, and diminished sensation in a C5 dermatomal distribution bilaterally. No additional clinical findings were reported. The claimant was diagnosed with a right distal radial fracture, elbow contusion with olecranon bursitis, and cervical and lumbar strains. Radiographs showed a healing fracture of the right distal radius; right elbow films were noted to be normal. This request is for right wrist and elbow radiographs, as well as eight additional sessions of physical therapy for the cervical and lumbar spine and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 8 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT ELBOW: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued physical therapy as requested would not be indicated. The Chronic Pain Guidelines recommend nine to 10 visits of physical therapy in treatment of an acute, symptomatic flare up. The claimant is noted to have undergone a recent course of physical therapy for the cervical spine, lumbar spine and right elbow. The claimant is one year post vocational injury and the medical records do not document an acute flare or contain a rationale for why the claimant could not undergo a home exercise program at this point in time. In addition to a clinical presentation that does not indicate an acute flare and the absence of contraindications for a home exercises and the fact that the claimant has recently undergone a course of physical therapy, the request for eight additional sessions of physical therapy would exceed the guidelines criteria. Therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 SET OF RADIOGRAPHS OF THE RIGHT WRIST AND RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure and forearm, hand and wrist chapters - Radiography (x-rays).

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for additional radiographs of the wrist and elbow would not be indicated. At the September 30, 2013, clinical assessment, the claimant was noted to have a healed fracture of the right distal radius and no acute findings at the elbow on imaging. Given the date of injury, the documentation of a healed fracture and absence of elbow findings on prior imaging, additional plain film radiographs at this point in the claimant's care would not be supported as medically necessary.