

Case Number:	CM13-0047773		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2012
Decision Date:	02/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery 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 57-year-old male who reported an injury on 01/01/2012. The mechanism of injury was not provided. There were no clinical notes submitted with an objective physical examination for the requested date of service. The request was made for physical therapy 2 times 3. The patient's diagnosis was noted to be the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There were no clinical notes submitted with an objective physical examination for the requested date of

service. There was a lack of documentation indicating the number of sessions that the patient had previously participated in as well as the patient's functional benefit received from the therapy. There was a lack of documentation indicating the part of the body that physical therapy was being requested for. There was a lack of documentation indicating that the patient had functional deficits to support ongoing therapy. Given the above, the request for physical therapy 2 times 3 is not medically necessary.