

Case Number:	CM13-0055546		
Date Assigned:	12/30/2013	Date of Injury:	03/31/2006
Decision Date:	04/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, 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:

This 48 year-old female sustained an injury on 3/31/06 while employed by [REDACTED]. Request under consideration include additional outpatient physical therapy sessions, two times per week for six weeks in treatment of the hand/elbow. Report of 10/22/13 from the provider noted the patient had failed conservative treatment and continues to suffer from daily knee pain with poor functioning, but is working successfully on weight loss. The cold weather is affecting the pain in her knees, left shoulder, and elbow. The patient had recent AME reevaluation who recommended ortho consult. Exam of the hand/elbow noted tenderness of the left lateral epicondyle with increased resisted wrist extension. Diagnoses included left shoulder impingement syndrome s/p acromioplasty; left shoulder bursitis; mild AC joint arthritis; mild supraspinatus tendinosis; bilateral knee effusion; left knee subluxation with chondromalacia; bilateral wrist sprain/strain; bilateral elbow epicondylitis and fibromyalgia. Request for additional PT to the hand/elbow was non-certified on 10/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY SESSIONS, TWO TIMES PER WEEK FOR SIX WEEKS IN TREATMENT OF THE HAND/ELBOW: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2006 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional outpatient physical therapy sessions, two times per week for six weeks in treatment of the hand/elbow is not medically necessary and appropriate.