MAXIMUS Federal Services

Case Number:	CM13-0058704		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2013
Decision Date:	10/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 56 year-old patient sustained an injury on 5/16/13. Request(s) under consideration include 3 physical therapy sessions for the left elbow and forearm. Mechanism of injury noted patient was using a forklift and ran into some glass resulting in left forearm fracture and lacerations s/p surgical repair of medial triceps head, left posteromedial distal arm and elbow with repair of left ulnar nerve and triceps tendon with in situ ulnar nerve release on 5/21/13. The patient had post-operative therapy with at least 20 sessions with splinting and H-wave/TENS unit for home use. Report of 9/27/13 from the provider noted that "other than electrical stimulation, he does not know that there is any reason to continue any therapy at this point." The patient was already utilizing the H-Wave therapy treatment. There is a peer review dated 12/2/13 noting certification of 3 PT sessions between 10/18/13 and 12/6/13. Additional previous peer review certification of 18 PT sessions in July, September, and October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 PHYSICAL THERAPY SESSIONS FOR THE LEFT ELBOW AND FOREARM:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: This 56 year-old patient sustained an injury on 5/16/13 while employed by. Request(s) under consideration include 3 PHYSICAL THERAPY SESSIONS FOR THE LEFT ELBOW AND FOREARM. Mechanism of injury noted patient was using a forklift and ran into some glass resulting in left forearm fracture and lacerations s/p surgical repair of medial triceps head, left posteromedial distal arm and elbow with repair of left ulnar nerve and triceps tendon with in situ ulnar nerve release on 5/21/13. The patient had post-operative therapy with at least 20 sessions with splinting and H-wave/TENS unit for home use. Report of 9/27/13 from the provider noted that "other than electrical stimulation, he does not know that there is any reason to continue any therapy at this point." The patient was already utilizing the H-Wave therapy treatment. There is a peer review dated 12/2/13 noting certification of 3 PT sessions between 10/18/13 and 12/6/13. Additional previous peer review certification of 18 PT sessions in July, September, and October 2013. The request(s) for 3 PHYSICAL THERAPY SESSIONS FOR THE LEFT ELBOW AND FOREARM was non-certified on 11/29/13. The patient's surgery was on 5/21/13, over 17 months past beyond the post-surgical guidelines criteria for post-operative rehabilitation period and chronic therapy guidelines will apply. The provider has noted no indication to continue with further therapy. 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 and clinical findings. 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 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. The 3 PHYSICAL THERAPY SESSIONS FOR THE LEFT ELBOW AND FOREARM is not medically necessary and appropriate.