

Case Number:	CM13-0060682		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2013
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice 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 37 year old male who reported injury on 03/12/2013. The mechanism of injury was not provided. The patient's diagnoses included sprain of the wrist and sprain of the hand, neck pain, syndrome cervical brachial, pain in joint shoulder, and pain psychogenic in [REDACTED]. The objective examination revealed the patient had very limited cervical range of motion and was slightly more limited on the left. The request was for 12 sessions of physical therapy for the bilateral elbows and below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 for Bilateral Elbow and Below: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. It further indicates that passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling. The clinical

documentation submitted for review failed to indicate the patient had complaints of elbow pain or decreased range of motion. There was a lack of documentation of objective functional deficits to support therapy for the elbows. There was a lack of clarification of what was meant by bilateral elbows and "below." The request for 12 physical therapy sessions would be considered excessive. Given the above, the request for physical therapy x12 for bilateral elbow and below is not medically necessary. [REDACTED]