

Case Number:	CM13-0068307		
Date Assigned:	01/17/2014	Date of Injury:	07/29/2011
Decision Date:	05/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This case involves a 49-year-old male who was injured on 07/29/11. The request for this review is for additional physical therapy for eight (8) sessions for the claimant's left elbow and forearm. The medical records provided for review included a clinical assessment on 11/21/13 that documented that the claimant was seven (7) weeks status post right triceps platelet-rich plasma (PRP) injection and his overall progress was "unchanged." The physical examination demonstrated triceps tenderness to palpation, with noted improvement in strength. It was also documented that the claimant was status post the removal of prior hardware from the left elbow fracture on 03/27/13, followed by a significant course of physical therapy in the postoperative setting. Clinical imaging was non-supportive to this specific request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR FOUR (4) WEEKS FOR THE LEFT ELBOW AND FOREARM: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend nine to ten (9-10) visits over eight (8) weeks for myalgia and myositis; eight to ten (8-10) visits over four (4) weeks for neuralgia, neuritis, and radiculitis; and twenty-four (24) visits over sixteen (16) weeks for reflex sympathetic dystrophy (CRPS). The documentation indicates that the claimant has undergone a significant course of recent physical therapy. The most recent clinical assessment does not document any physical examination findings that would necessitate further physical therapy. It is unclear at this time in the claimant's course of care as to why transition to an aggressive home exercise program would not be more appropriate. The specific request for eight (8) additional sessions of therapy would not be indicated.