

Case Number:	CM13-0070953		
Date Assigned:	06/06/2014	Date of Injury:	01/02/2013
Decision Date:	10/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 28year old woman who has a work related injury dated 1/2/13 resulting in chronic elbow pain. The patient was treated with physical therapy and cortisone injection. MRI dated 8/14/13 documented minimum amount of focal fluid in the posterior medial aspect of the right elbow joint just between the posterior margin of the distal right humerus and the adjacent olecranon possible representing focal synovitis, otherwise without acute bony abnormalities. She was treated with NSAID medications. The diagnosis included tenosynovitis of the hand and wrist and medical epicondylitis. Multiple physical therapy (at least 24) visits were approved and completed. The patient was seen and examined on 11/1/13 by primary treating physician. At that time the patient reported ongoing pain in the right elbow and forearm. The exam was positive for tenderness without crepitus. The plan was for more physical therapy. Under consideration it the additional physical therapy requested at 2 times/week for 4 weeks that was denied during utilization review dated 11/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS: 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 9792.20-.26 Page(s): 98-99.

Decision rationale: 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 and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has been approved for at least 24 visits of physical therapy. This is ample time to have the patient participating in a home exercise program. The additional physical therapy sessions 2x/week for 4weeks are not medically necessary for the treatment of this patient's chronic forearm and elbow complaints.