

Case Number:	CM14-0004591		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2012
Decision Date:	08/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/10/2014

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:

The injured worker is a 56-year-old female who reported an injury on 10/25/2012. The mechanism of injury was not provided. On 12/11/2013, the injured worker presented with neck, right shoulder, and bilateral elbow, wrists, mid back, low back, bilateral knee, and bilateral ankle pain. Upon examination of the bilateral elbow, there was a 2+ tenderness over the lateral epicondyle. Current treatment included medications. Diagnoses were cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, status post right shoulder arthroscopy, right shoulder rotator cuff tear, and bilateral elbow medial epicondylitis. The provider recommended an MRI of the left elbow. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for bilateral wrists: 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.

Decision rationale: The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy, for up to four weeks. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that have already been completed for the right knee is unclear. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, there were no specific barriers to transitioning the injured worker to an independent home exercise program. Additionally the providers request does not indicate the amount of visits or the frequency in the request as submitted. Therefore, Physical Therapy for the bilateral wrists is not medically necessary.