

Case Number:	CM14-0007041		
Date Assigned:	02/07/2014	Date of Injury:	07/29/2011
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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, has a subspecialty in Sports Medicine, 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 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 58-year-old who reported an injury on November 26, 2002. She reportedly got hurt pulling on equipment on the job when the electricity went out. The clinical note dated June 17, 2013 presented the injured worker with right elbow pain. The injured worker's physical examination revealed significant tenderness over the right lateral epicondyle and origin of the extensor carpi radialis brevis. The range of motion values for the right elbow were within normal limits. The provider was recommending physical therapy three times a week for four weeks for anti-inflammatory modalities, range of motion exercises, progressing to stretching and strengthening, and progressing to a home exercise program. The Request for Authorization form was dated October 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/OCCUPATIONAL THERAPY 3X4: 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 Chronic Pain Medical Treatment Guidelines 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. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines recommend up to ten visits of physical therapy; the amount of physical therapy visits that have already been completed is unclear. The request for physical therapy/occupational therapy, three times weekly for four weeks, is not medically necessary or appropriate.