MAXIMUS Federal Services

Case Number:	CM14-0100438		
Date Assigned:	07/30/2014	Date of Injury:	06/23/2009
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 11/12/2011 due to a student yanking on her arm. Diagnoses were arthroscopy of shoulder, release of chordee, hemorrhoids, and acute reaction to stress. Past treatments were physical therapy, surgeries, and Kenalog injections. MRI of the elbow on 01/18/2014 revealed common extensor tendon, tendinosis consistent with lateral epicondylitis, radiohumeral joint effusion, ulnohumeral joint effusion, proximal radial ulnar joint effusion, irregular lesion at the lateral epicondyle of the humerus, which exhibits low signal on T1 images and high signal on T2 images. This may reflect bone contusion or bone cyst. The injured worker had right shoulder arthroscopy on 07/16/2010, lateral epicondylar debridement and extensor mass repair on 01/13/2012, and status post revision left elbow surgery with removal of deep retained suture on 03/29/2013. Physical examination on 06/02/2014 revealed the injured worker had complaints of discomfort with the scar tissue which she stated was intermittent. It was noted that the injured worker was participating in physical therapy. Range of motion was full. Motor strength was full and there was a negative wrist extension test. Examination of the right elbow revealed tenderness to palpation along the lateral epicondyle. There was a positive wrist extension test on the right hand. Grip strength was within normal limits and range of motion of the elbow was full. Medications were not reported. The treatment plan was for physical therapy to be continued 2 times a week for 6 weeks in treatment of the right elbow quantity of 12. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY CONTINUED FOR TWO TIMES A WEEK FOR SIX WEEKS, IN TREATMENT OF THE RIGHT ELBOW QUANTITY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ELBOW.

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

Decision rationale: The request for physical therapy continued for 2 times a week for 6 weeks, in treatment of the right elbow quantity of 12 is not medically necessary. The California Medical Treatment Utilization Schedule states physical medicine is indicated. It comes as a passive therapy and an active therapy. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance. The injured worker had previous physical therapy sessions with no reported measurable gains or increased activities of daily living reported. Physical medicine 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. For unspecified myalgia and myositis, 9 to 10 visits over an 8 week period. The guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process to maintain improvement levels. It was not noted that the injured worker was participating in a home exercise program. It is unknown how many physical therapy sessions the injured worker has participated in. Therefore, the request is not medically necessary.