

Case Number:	CM14-0011170		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	08/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Interventional Spine 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 patient is a 46-year-old male with a date of injury of 05/27/2012. The listed diagnoses per [REDACTED] are: 1. Status post lateral extensor tendon release, left elbow. 2. Status post left wrist De Quervain's release. 3. Status post left shoulder subacromial decompression and AC joint excision. 4. Ongoing talonavicular arthritis, left mid-foot. This patient is status post left lateral epicondyle debridement including partial ostectomy on 06/26/2013. According to progress report 01/27/2014, the patient continues to complain of left elbow, shoulder, wrist, and left foot pain. The report indicates "the surgery helped patient returned to work on October 2013 with additional physiotherapy." Treater states the patient is still working, but remains somewhat symptomatic. Other prior surgeries include left shoulder and left carpal tunnel release in 2003, and an abdominal hernia repair in 2008. The treater recommends the patient continue taking his medication and use appropriate stretching and strengthening exercises along with ice packs which should be a part of the patient's home physiotherapy program. This is a request for physical therapy 2 times a week for 3 weeks. The reports do not provide a rationale for this request. Utilization review denied this request on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 6, LOWER BACK: 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: This patient is status post left lateral epicondyle debridement including partial ostectomy on 06/26/2013. The patient is now outside of the postoperative physical therapy timeframe. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia/myositis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical records indicates the patient received 22 physical therapy sessions by 12/04/2013. In this case, the patient has received ample physical therapy sessions to date, and as progress report 01/27/2014 indicates, the patient should be incorporating strengthening and stretching techniques with his current home physiotherapy program. The treater does not discuss why the patient would not be able to continue a self-directed home program and why there is a request for additional formal physical therapy treatments. The requested additional 6 sessions is not medically necessary. Recommendation is for denial.