

Case Number:	CM14-0012920		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	08/05/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine, 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 51-year-old male who has submitted a claim for injuries to left elbow medial humeral epicondylitis, right hand sprain, left wrist internal derangement and left knee internal derangement; associated with an industrial injury date of 02/26/2013. Medical records from 2013 were reviewed and showed that patient complained of pain and weakness. Medical records submitted failed to show specific or detailed subjective complaints. Documentation of physical examination was incomplete and did not exhibit range of motion or strength values to support deficits. Treatment to date has included oral analgesics. Utilization review, dated 01/17/2014, denied the request for physical therapy because there was no baseline documentation of range of motion and strength values.

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 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is 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. In this case, patient complained of left arm pain and left knee pain. However, the medical records submitted failed to provide a comprehensive physical examination to support the need for physical therapy. Moreover, the request failed to specify body part to be treated. Therefore, the request for Physical Therapy 2 Times A Week For 6 Weeks is not medically necessary.