

Case Number:	CM14-0013666		
Date Assigned:	02/26/2014	Date of Injury:	03/21/2013
Decision Date:	07/16/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Arizona. 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 48-year-old female with date of injury on March 21, 2013. The mechanism of injury is not described. She suffered injuries to the head and right elbow. She underwent right elbow surgery in July, 2013 due to persisting pain and swelling. Right elbow mass was excised, probable ganglion. She postoperatively developed weakness of the right wrist, diagnosed as radial nerve neuropraxia. The patient was seen by the treating physician in January, 2014 and was found to have persisting weakness of the right hand. This was felt to be due to radial neuropathy deficits but additional median nerve involvement was suspected. There has been some deterioration in the patient's right upper extremity function according to the records. Additional physical therapy for 6 visits was recommended to achieve maximum medical improvement. The physician states that he reviewed plan of care and physical therapy notes but did not specifically describe the need for additional therapy. Therefore, the medical reviewer did not certify the need for additional therapy because of the lack of proper documentation in the necessity of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT ELBOW, TWICE WEEKLY FOR THREE WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Treatment.

Decision rationale: According to the records, this patient has undergone 42 physical therapy treatments; detailed physical therapy notes are not available. The physician recommended additional therapy in January, 2014. The patient's function seems to have possibly deteriorated. Increased weakness was noted in the right hand. However, this patient had already received significant amount of physical therapy since the elbow surgical procedure. Without additional specific documentation regarding the need for further physical therapy, cannot be medically justified. The request for physical therapy for the right elbow, twice weekly for three weeks, is not medically necessary or appropriate.