

Case Number:	CM14-0018702		
Date Assigned:	04/18/2014	Date of Injury:	10/30/2012
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This 30 year-old patient sustained an injury on 10/30/12 from a propane tank explosion while employed by [REDACTED]. Request(s) under consideration include Physical Therapy for the bilateral upper extremities, #18. Report of 1/7/14 from the provider noted the patient has diagnoses of 3rd degree burns to face, torso, arms, hands, and legs. He is s/p bilateral axillary and antecubital contracture release surgery on 2/25/13 with post-operative therapy. Current medications list Percocet, Neurontin, and Celexa. Exam showed healed burns with hypertrophic scarring on face and neck; mature skin grafts that were soft on anterior trunk; hypertrophic grafts with hyperemia on posterior trunk; left and right upper extremity with mature grafts that were soft with decreased shoulder range and elbow extension. Diagnoses include late effects of burns, decreased range in bilateral shoulders and left elbow with hypertrophic scars. Physical therapy treatment was continued. Request(s) for Physical Therapy for the bilateral upper extremities, #18 was non-certified on 1/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL UPPER EXTREMITIES, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Therapy Guidelines.

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

Decision rationale: Record indicates the patient has completed at least 66 post-op PT sessions, 66 post-op OT sessions along with 36 pre-op PT sessions for total of 168 sessions of physical therapy and occupational therapy sessions which is beyond the quantity recommended by the post-surgical treatment guidelines for burns including up to 16 visits over 8 weeks for the treatment period of 6 months. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 168 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient should have been instructed on a home exercise program for this surgery over 15 months ago. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy for the bilateral upper extremities, #18 is not medically necessary and appropriate.