

Case Number:	CM14-0124904		
Date Assigned:	08/11/2014	Date of Injury:	04/10/2014
Decision Date:	09/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 41-year-old female who reported an injury on 04/10/2014. The mechanism of injury was not provided within the review. The injured worker had a diagnosis of ankle sprain and strain. The injured worker had prior treatments of physical therapy. An MRI of her ankle revealed a complete tear of the anterior talofibular ligament and a bone chip at lateral malleolus. A clinical evaluation on 04/10/2014 indicated the injured worker with subjective complaints of left shoulder pain, left elbow pain, left wrist pain, left hand pain, and right ankle pain. The objective findings included slight tenderness across the extensor aspect of the wrist. There was no left hand tenderness. There was good coloration of the palm of the left hand. There was full range of motion of the left hand. There was pain along the medial side of the hand with radial deviation. Phalen's test, Tinel's sign, and Finkelstein's maneuvers were negative. There was good pinch strength. The treatment plan was a recommendation was a gauntlet brace. The provider's rationale for the request was noted within the clinical notes. A Request for Authorization form was also provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy with Evaluation of the Left Elbow, Twice a Week for 3 Weeks, as an Outpatient: 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: The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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 and functional activities with assistive devices. The 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. The Guidelines allow 9 to 10 visits over 8 weeks. The injured worker has already participated in physical therapy. The Guidelines indicate after 9 to 10 visits, home self-directed physical medicine is appropriate. The objective findings do not indicate significant impairment with range of motion or strength. In addition, it is not noted that the injured worker has a functional deficit. The number of sessions the injured worker has had for physical therapy is not noted. Therefore, the request for additional may be in excess of the Guidelines 9 to 10 visits over 8 weeks. As such, the request for 6 sessions of physical therapy with evaluation of the left elbow, twice a week for 3 weeks, as an outpatient is not medically necessary.