

Case Number:	CM14-0166506		
Date Assigned:	10/13/2014	Date of Injury:	02/13/2001
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The underlying date of injury in this case is 02/13/2001. The date of the utilization review under appeal is 09/19/2014. On 07/11/2014, the patient was seen in orthopedic follow-up regarding chronic extensor tenosynovitis of the left wrist with a history of a left upper extremity pain following a fall and a left partial-thickness rotator cuff tear and left lateral epicondylitis. The patient reported ongoing pain in his neck, his left arm, and his elbow, which bothered him on a daily basis. The patient had limited range of motion in the affected areas and pain to palpation particularly with the left forearm and over the hand and exquisite tenderness over the anterior left shoulder. The patient had a history of increasing pain over the biceps and triceps region, and therefore the treating physician recommended a course of physical therapy for six sessions twice a week for three weeks to work on modalities and stretching. An initial physician review indicated the patient would have been able to transition to an independent home rehabilitation program given extensive prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions 1-2 visits for 6 weeks: Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends to transition to an independent home rehabilitation program. Implicit in these guidelines is that it would be appropriate to periodically review the patient's home exercise program if a patient has a flare-up of symptoms or clinical worsening. The medical records do outline a substantial clinical worsening at this time with the goal of the treating orthopedic physician to review and revise the patient's home stretching program. This request is supported by the guidelines. This request is medically necessary.